One Hundred and Fifty-fourth
Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

Including the General Hospital in Boston
and the
McLean Hospital in Belmont

For the Year
1967
Officers and Staff
1968

LAWRENCE E. MARTIN
SELEY-4
ASS. GENERAL HOSPITAL

BOSTON : MASSACHUSETTS

FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

Member of United Community Services of Metropolitan Boston

Member of American Hospital Association

Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada

Approved by American Medical Association for Residencies and Internships

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THE MASSACHUSETTS GENERAL HOSPITAL

1. Bulfinch Building (1821); 2. The Clinics Building (1903); 3. Walcott House (1913); 4. Moseley Building (1916); 5. Phillips House (1917); 6. Baker Memorial (1930); 7. George Robert White Building (1939); 8. Vincent Memorial Hospital and Burnham Memorial for Children (1949); 9. Research Building (1951); 10. Bartlett Hall Nurses' Residence (1954); 11. Warren Building (1956); 12. The Surgical and Special Services Building, presently under construction; 13. (Massachusetts Eye and Ear Infirmary, affiliated with the MGH).

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BOSTON : MASSACHUSETTS

Information

THE MASSACHUSETTS GENERAL HOSPITAL is a private, incorporated institution supported solely by voluntary contributions and the receipts from those patients who pay board. It consists of three main divisions: The General Hospital for those unable to pay for private medical care, The Baker Memorial with private and semi-private accommodations, and the Phillips House, the private pavilion. All three divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization of short duration. In addition, Storrow House, located in Lincoln, Massachusetts, is for convalescent patients no longer in need of hospital nursing care.

THE GENERAL HOSPITAL

Entrance: Fruit Street, end of North Grove Street. Telephone—726-2000.

Arrangements for the admission of patients to the General Hospital should be made at the Admitting Office in the George Robert White Building (726-3361).

Emergencies are admitted at any hour; arrangements should be made by telephone. Persons injured by accident or overcome by acute illness may come to the Emergency Ward at the Hospital entrance at any time.

The Clinics of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, open for admission from 8:15 a.m. to 10:00 a.m. and from 1:00 p.m. to 3:00 p.m., are for patients who can not afford the cost of private medical care. Appointments may be made by mail, telephone, or personal application at the Admitting Desk.

THE BAKER MEMORIAL

Entrance: Same as the General Hospital. Telephone—726-2000.

The Baker Memorial is for patients of moderate means. Arrangements for admission should be made at the Admitting Office in The Baker Memorial (726-3367.)

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

THE PHILLIPS HOUSE

Entrance: 265 Charles Street. Telephone—726-2000.

Information about admission may be obtained at the Phillips House Admitting Office. Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. Arrangements for admission should be made at the Admitting Office in the Phillips House (726-3204).

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June and December

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Walter F. Lever, M.D.
Robert R. Linton, M.D.
John W. Spellman, M.D.
Vernon P. Williams, M.D.
F. Thomas Gephart, M.D.
Myles P. Baker, M.D.
Maurice M. Tolman, M.D.
Edward F. Bland, M.D.
John C. Nemiah, M.D.
Duncan E. Reid, M.D.
John Hedley-Whyte, M.B., B.CHIR.
Leonard W. Cronkhite, Jr., M.D.
John W. Cass, M.D.
Robert J. Joplin, M.D.
John A. Abbott, M.D.
John Adams, Jr., M.D.
Roy E. Mabrey, M.D.
Lamar Soutter, M.D.
William V. McDermott, Jr., M.D.
Paul L. Norton, M.D.
George A. Marks, M.D.
Robert N. Ganz, M.D.
Dana L. Farnsworth, M.D.
Edwin M. Cole, M.D.
John B. Stanbury, M.D.
K. Frank Austen, M.D.
Ward I. Gregg, M.D.
Henry J. Carney, D.M.D.
Earle J. Waddington, D.M.D.
Jacob Lerman, M.D.
John L. Newell, M.D.
Langdon Parsons, M.D.
Charles L. Short, M.D.
A. Gordon Gauld, M.D.

Director Emeritus

Nathaniel W. Faxon, M.D.

Director Emerita
School of Nursing and Nursing Service

Ruth Sleeper, R.N.

ADMINISTRATION

General Director

John H. Knowles, M.D.

ADMINISTRATIVE COMMITTEE

Ellsworth T. Neumann, M.D., Administrator, *Chairman*

Henry J. Murphy, *Assoc. Director*
Charles L. Clay, M.D., *Asst. Director*
Edmund R. Mattos, *Asst. Director*
Ferdinand Strauss, *Asst. Director*
Lawrence E. Martin, *Assoc. Director and Comptroller*
Joseph McCue, *Assoc. Comptroller*
George C. Phillips, Jr., *Asst. Director*

Deputy to the General Director

David C. Crockett

Deputy Director (Research Administration)

Ralph G. Meader, PH.D.

Administrative Assistant
John W. Webb

Executive Officer for M.G.H. Clinics
Ruth M. Farrisey, R.N.

Legislation Advisor
Robert Gladwin

Consultant for Community Relations
Marjorie L. Shea

Executive Assistants

GENERAL HOSPITAL

Sarah M. Lifvergren, R.N.

Oleta Allen, R.N.
Helen Forrant, R.N.
Eleanor R. Hargraves, R.N.
Josephine Joyce, R.N.
Catherine McHugh, R.N.
Christine Mekkelsen, R.N.
Evelyn Mobilia, R.N.
John Stella

BAKER MEMORIAL

Enes Zambon, R.N.
Florence Giberti Brown, R.N.
Estelle Holmes
Christine MacKinnon, R.N.
Ruth E. Poules, R.N.
Grace H. Sherman, R.N.
Mary A. Slowick, R.N.

PHILLIPS HOUSE

Helena McCarten, R.N.

M.G.H. CLINICS

James Prekup

NURSING SERVICE

Edna S. Lepper, R.N., *Director*

Mary E. MacDonald, R.N., *Director of Analytical Studies in Nursing*

Assistant Directors

Miriam Huggard, R.N.
(*Phillips House*)

Helen J. Coghlan, R.N.
(*Operating Room*)

Adele L. Corkum, R.N.
(*Baker Memorial*)

Ruth M. Farrisey, R.N.
(M.G.H. *Clinics*)

Frances C. Grady, R.N.
(*Bulfinch Building*)
(*Vincent-Burnham*)

Mary E. Quinlan, R.N.
(*White Building*)

SCHOOL OF NURSING

Natalie Petzold, R.N., *Director*

DIRECTORS OF DEPARTMENTS

Accounting
Harold L. Emrich
(*Associate Comptroller*)

Building Service
Howard W. Rath

Construction and Maintenance
Carleton N. Goff
(*Resident Architect*)
Gilbert J. Nessolini
(*Plant Engineer*)

Dietary (*Department and Dietetic Internship*)
Louise Hatch

Medical Records
Joyce E. Gormley

Personnel
Ruth MacRobert

Pharmacy
John W. Webb

Social Service
Eleanor Clark

UNIT DIRECTORS

Central Sterile Supply	James Willis
Credit and Collections	Francis Largenton
Dispatch	Leon F. Katzer
Information, Baker Memorial	Annabel Herdman
Information, General Hospital	Hope Wright
News	Martin Bander
Orthopedic Workshop	William Murphy
Print Shop	Ralph H. Cluff, Jr.
School of Illustration and Visual Education Service	Edith Tagrin
Treadwell Library	Genevieve Cole
Volunteers	Mary Ruth Wolf

STAFF

VISITING STAFF

MEDICAL DIVISION

GENERAL MEDICINE

Chief of Medical Services

Alexander Leaf, M.D.

Physicians

Earle M. Chapman, M.D.
Daniel S. Ellis, M.D.
Allan L. Friedlich, M.D.
Kurt J. Isselbacher, M.D.
Bernard M. Jacobson, M.D.
Rita M. Kelley, M.D.
John H. Knowles, M.D.
Alfred Kranes, M.D.
Francis C. Lowell, M.D.
Gordon S. Myers, M.D.
Marian W. Ropes, M.D.
Morton N. Swartz, M.D.
Conger Williams, M.D.
Paul C. Zamecnik, M.D.

Associate Physicians

William H. Baker, M.D.
William S. Beck, M.D.
Kenneth T. Bird, M.D.
Perry J. Culver, M.D.
Briant L. Decker, M.D.
Roman W. DeSanctis, M.D.
Daniel D. Federman, M.D.
*Anne P. Forbes, M.D.
Gerald S. Foster, M.D.
Edgar Haber, M.D.
Harriet L. Hardy, M.D.
Reed Harwood, M.D.
Stephen M. Krane, M.D.
Farahe Maloof, M.D.
Donald B. Martin, M.D.
Janet W. McArthur, M.D.
Arthur S. Pier, Jr., M.D.
Walter W. Point, M.D.
John D. Stoeckle, M.D.
Louis Weinstein, M.D.
Edwin O. Wheeler, M.D.

Assistant Physicians

Irving P. Ackerman, M.D.
Alan C. Aisenberg, M.D.
John C. Angley, M.D.
George P. Baker, Jr., M.D.
Victor G. Balboni, M.D.
G. Octo Barnett, M.D.
Kurt J. Bloch, M.D.
Caesar Briefer, Jr., M.D.
M. Henry Clifford, M.D.
Leslie J. DeGroot, M.D.
William Franklin, M.D.
Joseph W. Gardella, M.D.
H. Walter Jones, Jr., M.D.
Homayoun Kazemi, M.D.
Bernard Kliman, M.D.
Jan Koch-Weser, M.D.
Edwin P. Maynard III, M.D.
John A. Mills, M.D.
John M. Moses, M.D.
Lot B. Page, M.D.
Richmond Prescott, M.D.
John T. Quinby, M.D.
Dwight R. Robinson, M.D.
Walter T. St.Goar, M.D.
Guillermo C. Sanchez, M.D.
Charles A. Sanders, M.D.

*On leave of absence

Allan I. Sandler, M.D.
Robert H. Schapiro, M.D.
Victor W. Sidel, M.D.
W. Davies Sohier, Jr., M.D.
George P. Sturgis, M.D.
Arthur L. Watkins, M.D.
Arnold N. Weinberg, M.D.
Richard G. Whiting, M.D.

Assistants in Medicine

David W. Allen, M.D.
David H. Alpers, M.D.
Francis G. Barnum, Jr., M.D.
Patricia H. Benedict, M.D.
Paul H. Black, M.D.
Robert W. Carey, M.D.
James R. Carter, Jr., M.D.
Mortimer M. Civan, M.D.
Cecil H. Coggins, M.D.
Robert W. Colman, M.D.
James H. Currens, M.D.
John C. Dalton, M.D.
Allan Goldblatt, M.D.
Stephen E. Goldfinger, M.D.
J. Warren Harthorne, M.D.
John Homans, Jr., M.D.
Newton E. Hyslop, M.D.
John W. Irwin, M.D.
George A. Jacoby, M.D.
Lewis W. Kane, M.D.
John W. Keller, M.D.
*Hugh H. Kopald, M.D.
William F. McNeely, M.D.
Lawrence M. Miller, M.D.
Maurice M. Pechet, M.D.
Sholem Postel, M.D.
Mitchell T. Rabkin, M.D.
Edward S. Rendall, M.D.
Seymour M. Sabesin, M.D.
John H. Sisson, M.D.
Denise J. Strieder, M.D.
William E. Strole, M.D.
Samuel O. Thier, M.D.
Charles H. Weingarten, M.D.
Martin J. Wohl, M.D.
Peter M. Yurchak, M.D.

Clinical Associates in Medicine

Arthur Brown, M.D.
John G. Freymann, M.D.
John R. Graham, M.D.
Charles S. Keevil, Jr., M.D.
David Littmann, M.D.
Joseph G. Pittman, M.D.
Oscar E. Starobin, M.D.
Henry R. Stebbins, M.D.
Frederic Tudor, M.D.

Clinical Assistants in Medicine

Donnell W. Boardman, M.D.
Albert I. C. DeFriez, M.D.
John Denovian, M.D.
Anne F. Godley, M.D.
Paul A. Kantrowitz, M.D.
Maximiliaan G. Kaulbach, M.D.
Richard K. Myler, M.D.
Robert K. Osborne, M.D.
Robert S. Pinals, M.D.
Burton J. Polansky, M.D.
Barbara J. Rosen, M.D.
Kenneth I. Shine, M.D.
Eliot Young, M.D.

Applied Physicist

Gordon L. Brownell, PH.D.

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*On Leave of Absence

Associate Applied Physicists

Saul Aronow, PH.D.
Kathleen Stratton, PH.D.

Assistant Applied Physicist

Charles Alden Burnham, M.S.

Assistants in Applied Physics

David M. Linekin, PH.D.
Samuel Wilensky, PH.D.

Physical Chemist

D. Michael Young, M.D.

Assistant Pharmacologist

Geoffrey W. G. Sharp, PH.D.

Biologist

Jerome Gross, M.D.

Associate Biologist

Nancy L. R. Bucher, M.D.

Assistant Biologists

Audrey E. V. Haschemeyer, PH.D.
Marvin L. Tanzer, M.D.

Associate Biophysicist

Jesse F. Scott, M.D.

Assistant Biophysicist

Herbert J. Sukenik, PH.D., M.D.

Biochemists

Lewis L. Engel, PH.D.
Roger W. Jeanloz, PH.D.

Visiting Biochemists

Carl F. Cori, M.D.
Masashi Tomoda, PH.D.

Assistant Biochemists

John F. Codington, M.D.
M. Vernon King, PH.D.
James C. Orr, PH.D.
Erika E. Randerath, PH.D.
Kurt Randerath, M.D.
Mary L. Stephenson, PH.D.

Assistant in Biochemistry

Harry J. Karavolas, PH.D.

Assistant in Psychology

Ann E. Eaton, M.ED.

Associate Immunologist

Sidney Leskowitz, PH.D.

DERMATOLOGY

Chief of Service

Thomas B. Fitzpatrick, M.D., PH.D.

Associate Dermatologist

Howard P. Baden, M.D.

Assistant Dermatologists

Earl A. Glicklich, M.D.
Milton E. Helman, M.D.
Charles S. Keuper, M.D.
Richard Masters, M.D.
Philip L. McCarthy, M.D.
Robert F. Tilley, M.D.

Assistants in Dermatology

Leroy D. Aaronson, M.D.
William L. Curwen, M.D.
Burnham E. Lamkins, M.D.
Myron H. Matz, M.D.
A. David McGugan, M.D.
Arthur S. Spangler, M.D.

Clinical Associates in Dermatology

Joseph Albert, M.D.
Kenneth A. Arndt, M.D.
Clito R. Damiani, M.D.
Nicholas J. Fiumara, M.D.
Irwin M. Freedberg, M.D.
John L. Fromer, M.D.
William F. Gallagher, M.D.
Basil C. Gray, M.D.
Robert D. Griesemer, M.D.
William R. Hill, M.D.
Edmund L. Piper, M.D.
Sabino J. Sinesi, M.D.

Clinical Assistants

A. Bernard Ackerman, M.D.
Martin C. Mihm, M.D.

Associate Biochemist

Irwin H. Blank, PH.D.

Associate Biologist

George Szabó, PH.D.

Assistant Biochemists

Jean B. Burnett, PH.D.
Jiri Duchon, PH.D.
Madhukar A. Pathak, PH.D.
Kiyoshi Toda, M.D.

Assistant in Biochemistry

Yoshioki Hori, M.D., PH.D.

Assistant Physical Chemist

Robert Scheuplein, PH.D.

Research Associate

Dieter Kramer, PH.D.

NEUROLOGY

Chief of Service

Raymond D. Adams, M.D.

Neurologists

Mandel E. Cohen, M.D.
Pierre M. Dreyfus, M.D.
C. Miller Fisher, M.D.
Vincent P. Perlo, M.D.
Edward P. Richardson, M.D.
Robert S. Schwab, M.D.

Associate Neurologists

Barry G. Arnason, M.D.
Arthur K. Asbury, M.D.
Hugo W. Moser, M.D.
Ernest H. Picard, M.D.
David C. Poskanzer, M.D.
Maria Z. Salam, M.D.
William H. Timberlake, M.D.

Assistant Neurologists

Richard L. Sidman, M.D.
Karel van Syckel Toll, M.D.
Gerald F. Winkler, M.D.
Robert R. Young, M.D.

Assistants in Neurology

J. Richard Baringer, M.D.
Albert C. England, Jr., M.D.
T. Corwin Fleming, M.D.
Robert E. Flynn, M.D.
Norman P. Rosman, M.D.
Frederick J. Samaha, M.D.
Mary L. Scholl, M.D.
Alfred D. Weiss, M.D.

Clinical Associate in Neurology

Larry J. Embree, M.D.

Neurophysiologists

John S. Barlow, M.D.
Elwood Henneman, M.D.

Associate Neuropathologist

Karl Erik Aström, M.D.

Associate Biochemist

John Gergely, M.D.

Psychologist

Murray Sidman, PH.D.

Associate Psychologists

Harry A. Mackay, PH.D.
Lawrence T. Stoddard, PH.D.

Assistants in Psychology

Barbara Ray, PH.D.
Paul Edward Touchette, ED.D.

PSYCHIATRY

Chief of Service

*Leon Eisenberg, M.D.

Psychiatrists

Gerald Caplan, M.D.
Morris E. Chafetz, M.D.
*Frank R. Ervin, M.D.
Paul M. Howard, M.D.
John H. Lamont, M.D.
Gardner C. Quarton, M.D.
Peter E. Sifneos, M.D.
Alfred H. Stanton, M.D.
Avery D. Weisman, M.D.
Elizabeth R. Zetzel, M.D.

Associate Psychiatrists

Herbert J. Barry, Jr., M.D.
Robert L. Bragg, M.D.
Franklin Carter, M.D.
John G. Clark, M.D.
Thomas F. Dwyer, M.D.
Benjamin F. Gill, M.D.
*Thomas P. Hackett, M.D.
Richmond Holder, M.D.
Walter Mann, M.D.
Jerome L. Weinberger, M.D.

Assistant Psychiatrists

Norman R. Bernstein, M.D.
Frances J. Bonner, M.D.
Gerald E. Davidson, M.D.
Daniel C. Dawes, M.D.
Bruce W. Fischberg, M.D.
Freddy H. Frankel, M.D.
Phillip H. Gates, M.D.
Helen M. Herzan, M.D.
Maria Lorenz, M.D.
Edward A. Mason, M.D.
Milton Mazer, M.D.
Edward Messner, M.D.
*Harry S. Olin, M.D.
Maxwell G. Potter, M.D.
George W. Rever, M.D.

Assistants in Psychiatry

Lucille P. Carter, M.D.
Herbert S. Cline, M.D.
Pattison Esmiol, M.D.
Alfred J. R. Koumans, M.D.
Miguel A. Leibovitch, M.D.
Herbert O. LeVine, M.D.
*Michael T. McGuire, M.D.
Jack O. Rice, M.D.
William Sharpe, Jr., M.D.
William R. Shelton, M.D.
Danuta Stachiewicz, M.D.
Lionelle D. Wells, M.D.

Clinical Associates in Psychiatry

Sidney Green, M.D.
Peter B. Hagopian, M.D.
Bellenden R. Hutcheson, M.D.

Clinical Assistants in Psychiatry

Harold Abramowitz, M.D.
Robert Cserr, M.D.
Barrie S. Greiff, M.D.
Richard Hartman, M.D.
D. M. Kuftinec, M.D.
George B. Lawson, M.D.
John B. Spillane, M.D.
Robert H. Trivus, M.D.

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*Hall-Mercer Hospital Staff

Psychologist

Gene M. Smith, PH.D.

Associate Psychologists

Howard T. Blane, PH.D.
Carmen K. Conners, PH.D.
Robert C. Misch, PH.D.
Richard R. Peebles, PH.D.

Biologist

Seymour S. Kety, M.D.

Assistant Psychologists

Sherry Autor, PH.D.
James L. Fozard, PH.D.
Peter L. Gill, PH.D.
Clara Mayo, PH.D.
Nancy C. Waugh, PH.D.

Assistants in Psychology

Sanford M. Autor, PH.D.
John Garcia, PH.D.
Marjorie J. Hill, PH.D.
Naomi Zigmond, PH.D.

Assistant in Mathematics

Stephen Lorch, B.S.

CHILDREN'S SERVICE

Chief of Service

Nathan B. Talbot, M.D.

Pediatricians

Leo B. Burgin, M.D.
John P. Connelly, M.D.
John D. Crawford, M.D.
Thomas C. Peebles, M.D.
Ralph A. Ross, M.D.

Associate Pediatricians

William D. Cochran, M.D.
Leroy L. Eldredge, M.D.
Lawrence J. Essember, M.D.
Andrew D. Guthrie, Jr., M.D.
*Richard B. Kearsley, M.D.
John W. Littlefield, M.D.
Philip J. Porter, M.D.
Robert T. Sceery, M.D.
Mary Louise Scholl, M.D.
Rudolf Toch, M.D.

Assistant Pediatricians

Nathan H. Fearer, M.D.
Joseph W. Fowler, III, M.D.
Allan Goldblatt, M.D.
Herbert A. Haessler, M.D.
*Edward Keenan, M.D.
Josephine G. Kety, M.D.
David J. Lang, M.D.
Edward F. Rabe, M.D.
*Stephen L. Reynolds, M.D.
John S. Robey, M.D.
Jordan S. Ruboy, M.D.
Benjamin Sachs, M.D.
Boris Senior, M.D.

---

*On leave of absence

Assistants in Pediatrics

Arnold D. Fiascone, M.D.
John B. Joseph, M.D.
*Eileen M. Ouellette, M.D.
John C. Robinson, M.D.
*Peter B. B. Rosenberger, M.D.
*Murray K. Rosenthal, M.D.
Paul Rosman, M.D.
Daniel C. Shannon, M.D.
Lois M. Smedley, M.D.
Richard Talamo, M.D.
John T. Truman, M.D.
Ingeborg Van Pelt, M.D.
Joseph B. Warshaw, M.D.

Clinical Associates in Pediatrics

William J. Adelson, M.D.
Elroy E. Anderson, M.D.
Donald J. Annino, M.D.
H. Powell Baker, M.D.
Doris R. Bennett, M.D.
T. Berry Brazelton, M.D.
James J. A. Cavanaugh, M.D.
William A. Dickson, M.D.
Robert A. Driscoll, M.D.
John A. Duggan, M.D.
Edward C. Dyer, M.D.
Thomas Frank, M.D.
George A. Glines, M.D.
Theodore S. Golden, M.D.
Gerald W. Hazard, M.D.
Joseph L. Lewis, M.D.
Joseph J. McGovern, M.D.
Edward F. McGrath, M.D.
Francis C. McDonald, M.D.
Alexander S. MacDonald, M.D.
Donald M. Muirhead, Jr., M.D.
Charlotte G. Neumann, M.D.
James A. O'Shea, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Leonard H. Plotkin, M.D.
Daniel R. Rectanus, M.D.
Robert H. Richie, Jr., M.D.
Jean D. Ross, M.D.
Whilhelmina Van Dyke, M.D.
Richard H. Watson, M.D.
Thomas J. Whitfield, M.D.
Robert F. Wilson, M.D.
William D. Winter, Jr., M.D.
Eleanor C. Zaudy, M.D.
Alan Ziskind, M.D.

Clinical Assistant:
Ralph Feigin, M.D.

Psychologist
Jerome Kagan, PH.D.

Associates from other Services and Departments

Anesthesia:	T. David Seigne, M.D.
Cardiology:	Roman DeSanctis, M.D.
Cardiac Surgery:	W. Gerald Austen, M.D. W. Hardy Hendren, M.D. Mortimer J. Buckley, M.D.
Dermatology:	Thomas B. Fitzpatrick, M.D. Richard Masters, M.D.
Gynecologic Medicine	Janet McArthur, M.D.

Gynecologic Surgery:	Howard Ulfelder, M.D. John Grover, M.D.
Infectious Disease:	Morton N. Swartz, M.D. Arnold Weinberg, M.D.
Neurology:	Raymond Adams, M.D. Hugo Moser, M.D.
Neurosurgery:	William H. Sweet, M.D.
Organ Transplantation:	Paul Russell, M.D.
Orthopedic Surgery:	Hugh P. Chandler, M.D. J. Drennan Lowell, M.D. Edward J. Riseborough, M.D. Clement B. Sledge, M.D. Edwin T. Wyman, Jr., M.D.
Urologic Surgery:	Wyland F. Leadbetter, M.D.
Pediatric Surgery:	W. Hardy Hendren, M.D. William C. Quinby, Jr., M.D. Bruce Henderson, M.D.
Plastic Surgery:	Bradford Cannon, M.D. John D. Constable, M.D.
Psychiatry:	Leon Eisenberg, M.D. George Rever, M.D. John Lamont, M.D. Norman Bernstein, M.D.
Psychology:	Keith Connors, PH.D. Murray Sidman, PH.D.
Radiology:	Alfred L. Weber, M.D.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services

Paul S. Russell, M.D.

Visiting Surgeons

W. Gerald Austen, M.D.
Marshall K. Bartlett, M.D.
John F. Burke, M.D.
Bradford Cannon, M.D.
Oliver Cope, M.D.
Gordon A. Donaldson, M.D.
Hermes C. Grillo, M.D.
Edward Hamlin, M.D.
Francis M. Ingersoll, M.D.
George L. Nardi, M.D.
J. Gordon Scannell, M.D.
Claude E. Welch, M.D.
Earle W. Wilkins, Jr., M.D.

Associate Visiting Surgeons

Glenn E. Behringer, M.D.
John D. Constable, M.D.
Thomas H. Green, Jr., M.D.
W. Hardy Hendren, M.D.
Charles E. Huggins, M.D.
John W. Raker, M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.
Frank C. Wheelock, Jr., M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Mortimer J. Buckley, Jr., M.D.
Edwin L. Carter, M.D.
R. Clement Darling, M.D.
John W. Grover, M.D.
John M. Head, M.D.
Stephen E. Hedberg, M.D.
Ronald A. Malt, M.D.
John B. McKittrick, M.D.
William C. Quinby, Jr., M.D.
William P. Rogers, Jr., M.D.
Chiu-an Wang, M.D.

Assistants in Surgery

Ann B. Barnes, M.D.
Arthur L. Herbst, M.D.
Lawrence J. Malone, M.D.
Charles F. McKhann, M.D.
Eldred D. Mundth, M.D.
Leslie W. Ottinger, M.D.
John P. Remensnyder, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Martin J. Bellinger, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
Chester J. Dexter, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
William K. McClelland, M.D.
Carroll C. Miller, M.D.
Charles G. Mixter, Jr., M.D.
Anthony P. Monaco, M.D.
Anthony S. Patton, M.D.
Edwin W. Salzman, M.D.

Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Masao Yatsuhashi, M.D.

Clinical Assistants in Surgery

Willard M. Daggett, M.D.
James M. Doonan, M.D.
Ashby C. Moncure, M.D.
John V. Pikula, M.D.
John L. Rowbotham, M.D.
Wolfgang L. Wilde, M.D.

Associate Biologist

Leona Zacharias, PH.D.

Associate Immunologist

Henry J. Winn, PH.D.

Assistant in Biology

Lee V. Leak, PH.D.

GYNECOLOGY

Chief of Service

Howard Ulfelder, M.D.

Staff shared with General Medical and Surgical Services

Clinical Associates

Robert H. Barker, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service

William H. Sweet, M.D., D.SC.

Visiting Neurosurgeon

H. Thomas Ballantine, Jr., M.D.

Associate Visiting Neurosurgeon

Hannibal Hamlin, M.D.

Asssitant Neurosurgeons

Robert G. Ojemann, M.D.
Raymond Kjellberg, M.D.

Assistant in Neurosurgery

R. Lewis Wright, M.D.

Associate Biochemist in Neurosurgery

Adelbert Ames, III, M.D.

Associate Biologist in Neurosurgery
John Garcia, PH.D.

Associate Chemist in Neurosurgery
Albert H. Soloway, PH.D.

Assistant Neurophysiologists in Neurosurgery
Padmakar P. Lele, M.D., PH.D. Daniel A. Pollen, M.D.

Assistant Psychologist in Neurosurgery
Marianne L. Simmel, PH.D.

Clinical Associates in Neurosurgery
Edward P. Baker, Jr., M.D. Vernon H. Mark, M.D.
Jost J. Michelsen, M.D.

Clinical Assistants in Neurosurgery
Robert C. Cantu, M.D. Harold A. Wilkinson, M.D.

ORTHOPEDIC SURGERY

Chief of Service
Melvin J. Glimcher, M.D.

Consulting Visiting Orthopedic Surgeon
Edwin F. Cave, M.D.

Visiting Orthopedic Surgeons
Otto E. Aufranc, M.D. Thornton Brown, M.D.
Carter R. Rowe, M.D.

Associate Orthopedic Surgeons
William H. Harris, M.D. Eugene E. Record, M.D.
John A. Reidy, M.D.

Assistant Orthopedic Surgeons
Thomas L. DeLorme, M.D. Donald S. Pierce, M.D.
William N. Jones, M.D. Edward J. Riseborough, M.D.
J. Drennan Lowell, M.D. Morton Smith-Petersen, M.D.
William R. MacAusland, Jr., M.D. Edwin T. Wyman, Jr., M.D.

Assistants in Orthopedic Surgery
Robert H. Boyd, M.D. William L. Kermond, M.D.
Robert B. Brendze, M.D. Edward A. Nalebuff, M.D.
Hugh P. Chandler, M.D. Clement B. Sledge, M.D.
Roderick H. Turner, M.D.

Clinical Associate in Orthopedic Surgery
Thomas F. Broderick, Jr., M.D.

Chief of the Department of Podiatry
John D. McLean, D.S.C.

Assistant Podiatrists
Edward R. Bloom, D.S.C.
Thomas F. Connolly, D.S.C.
Donald D. Donovan, D.S.C.
Ralph W. Spinelli, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant in Orthopedic Surgery
Joseph S. Barr, Jr., M.D.

Clinical Assistants to the Orthopedic Outpatient Department
James S. Hewson, M.D.
Philip I. Salib, M.D.

Assistant Biologist in Orthopedic Surgery
Dorothy F. Travis, PH.D.

Assistant Biochemist in Orthopedic Surgery
Gerald L. Mechanic, PH.D.

Assistant Physical Chemist in Orthopedic Surgery
Elton P. Katz, PH.D.

Visiting Biophysicist in Orthopedic Surgery
Alan J. Hodge, PH.D.
Jenifer Jowsey, PH.D.

UROLOGY

Chief of Service
Wyland F. Leadbetter, M.D.

Consulting Visiting Urologist
Sylvester B. Kelley, M.D.

Visiting Urologists
Walter S. Kerr, Jr., M.D.
Howard I. Suby, M.D.

Assistant Urologists
Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology
William L. Strickler, M.D.
Hugh H. Young, II, M.D.

Clinical Assistants
Thomas R. Hakala, M.D.
Richard B. Raines, M.D.

DEPARTMENT OF ORAL SURGERY

Chief of Service

Walter C. Guralnick, D.M.D.

Visiting Oral Surgeons

George Christman, D.M.D.
Richard L. Miner, D.D.S.
Morton J. Olin, D.M.D.
Earle H. Rosenberg, D.M.D.
J. Henry Stempien, D.M.D.

Associate Visiting Oral Surgeons

Barry J. Agranat, D.M.D.
William L. Cosgrove, D.M.D.
Peter A. Dempsey, D.M.D.
Charles H. Endee, D.M.D.
Henry D. Howe, D.M.D.
Peter G. Kimball, D.M.D.
Owen W. Kite, D.D.S.
Robert C. Lincoln, D.M.D.
Frederick K. Poulin, D.M.D.
Donald B. Rae, D.D.S.
Keith A. Shangraw, D.M.D.
Leonard B. Shulman, D.M.D.
William H. Tingey, Jr., D.M.D.

Assistant Oral Surgeons

Duane F. Carbone, D.M.D.
Robert E. Evans, D.M.D.
John B. Taylor, D.D.S.

Clinical Associates in Oral Surgery

Herman DeWilde, D.M.D.
Daniel J. Holland, Jr., D.D.S.
Terrence D. Hoover, D.M.D.
George M. Noss, D.M.D.
Charles E. Rounds, D.M.D.
Edward L. Sleeper, D.D.S.

Clinical Assistants in Oral Surgery

Charles R. Bowen, D.M.D.
Daniel L. Nozik, D.D.S.

DEPARTMENTS

PATHOLOGY

Chief of Department

Benjamin Castleman, M.D.

Pathologists

Richard B. Cohen, M.D.
Edgar B. Taft, M.D.
Robert E. Scully, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists

Leonard Atkins, M.D.
Wallace H. Clark, Jr., M.D.
James B. Caulfield, M.D.
Martin H. Flax, PH.D., M.D.

Assistant Pathologists

Karoly Balogh, M.D.
Priscilla Dienes Taft, M.D.
Sanford I. Roth, M.D.
*Hubert J. Wolfe, M.D.

Assistants in Pathology

Harold F. Dvorak, M.D.
Kilmer S. McCully, M.D.
James M. Gibson, M.D.
Jane Fay Pascale, M.D.

Clinical Associates in Pathology

Robert Fienberg, M.D.
Wallace A. Jones, M.D.

Clinical Assistants in Pathology

G. Richard Dickersin, M.D.
Robert S. Harper, M.D.
Lewis P. James, Jr., M.D.

Neuropathologists

Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologists

Karl Eric Aström, M.D.
C. Miller Fisher, M.D.

Assistant Biologist

Barbara H. Sanford, PH.D.

ANESTHESIA

Chief of Department

Henry K. Beecher, M.D.

Anesthetists

Henrik Holt Bendixen, M.D.
Henning Pontoppidan, M.D.
Phillips Hallowell, M.D.
Donald P. Todd, M.D.

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*On leave of absence

Associate Anesthetists

George E. Battit, M.D.
Lawrence D. Egbert, M.D.
John W. D. Garrett, M.D.
Myron B. Laver, M.D.
Edward Lowenstein, M.D.
T. David Seigne, M.B., B.CHIR.

Assistant Anesthetists

Brian C. Dalton, L.R.C.P.I.
Bennie Geffin, M.B., CH.B.
Suzanne J. Lamdin, M.D.
Bucknam McPeek, M.D.
Elliott V. Miller, M.D.
Roger H. Morris, M.D.
Sarita G. Walzer, M.D.

Assistants in Anesthesia

John M. R. Bruner, M.D.
John A. Goodwin, M.D.
Rita A. Manzi, M.D.
Dorothy A. Wescott, M.D.
Gerald L. Zeitlin, M.B., B.CHIR.

Psychologist

Gene M. Smith, PH.D.

Consulting Psychologist

James E. Anliker, PH.D.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist

Herman M. Kalckar, M.D., PH.D.

Assistant Biochemists

Roberta F. Colman, PH.D.
Hiroshi Nikaido, M.D., PH.D.
Annette M. C. Rapin, PH.D.
Donald F. H. Wallach, M.D.

Assistant in Biochemistry

Alexander U. Bertland, PH.D.

Visiting Fellows

Akira Makita, M.D., PH.D.
Henrik Olesen, M.D., PH.D.

BACTERIOLOGY

Bacteriologist

Lawrence J. Kunz, PH.D.

Assistant Bacteriologists

Theodore F. Medrek, PH.D.
Barbara K. Watson, PH.D.

CLINICAL CHEMISTRY LABORATORIES

Chief

Sidney V. Rieder, PH.D.

CLINICAL LABORATORIES

Director

William S. Beck, M.D.

RADIOLOGY

Chief of Department

Laurence L. Robbins, M.D.

Radiologists

Jack R. Dreyfuss, M.D.
Milford D. Schulz, M.D.
Paul F. J. New, M.D.
Chiu-chen Wang, M.D.
Stanley M. Wyman, M.D.

Associate Radiologists

Robert E. Dinsmore, M.D.
Henry P. Pendergrass, M.D.
J. Malcolm McNeill, M.D.
Majic S. Potsaid, M.D.
K. Jack Momose, M.D.
Frederick S. Tomchik, M.D.
Alfred L. Weber, M.D.

Visiting Radiologist

Lucy F. Squire, M.D.

Assistant Radiologists

Douglass H. Howry, M.D.
Murray L. Janower, M.D.
James J. Pollard, M.D.

Assistants in Radiology

Melvin E. Clouse, M.D.
Richard C. Pfister, M.D.
Donald J. Fleischli, M.D.
Thomas E. Shea, M.D.
Derek Goodman, M.D.
Richard B. Wolk, M.D.
George F. Zinninger, M.D.

Consulting Visiting Radiologist

Felix Fleischner, M.D.

Clinical Associates in Radiology

N. Thorne Griscom, M.D .
H. Peter Mueller, M.D.
Joseph Hanelin, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.

Clinical Assistants in Radiology

Joseph T. Ferrucci, Jr., M.D.
Abbott R Miller, M.D.
D. Glyn Millard, M.D.
James A. Peterson, M.D.
John T. Pollard, Jr., M.D.

Physicist

Edward W. Webster, PH.D.

Assistant Physicist

Hing-Har Lo, M.D.

Assistant in Physics

Rosemarie Wipfelder, B.S.

Engineer

Malcolm Mackay

PHYSICAL MEDICINE

Chief of Physical Medicine

Arthur L. Watkins, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director

Morten Grove-Rasmussen, M.D.

Associate Director

Charles E. Huggins, M.D.

CONSULTANTS

Consultant in Medicine

Benjamin G. Ferris, M.D.

Consultants in Preventive Medicine

John E. Gordon, M.D.
David D. Rutstein, M.D.

Consultant in Tropical Diseases

George C. Shattuck, M.D.

Consultant to the Physics Research Laboratory, Department of Medicine

M. Stanley Livingston, PH.D., D.SC.

Consultants in Dentistry, Department of Neurology

Richard A. Winer, D.M.D.
M. Michael Cohen, D.M.D.

Consultant in Neuropathology
Paul I. Yakovlev, M.D.

Consultant in Psychology, Department of Psychiatry
Helen Beier, PH.D.

Consultants in Pediatrics
William Berenberg, M.D.
Horace Gezon, M.D.
Alexander S. Nadas, M.D.
Alfred Yankauer, M.D.

Consultant in Oral Biology, Department of Orthopedic Surgery
Philip T. Levine, D.M.D.

Consultant in Mathematics, Department of Psychiatry
Charles L. Feldman, SC.D.

Consultant in Chemical Engineering
Edward W. Merrill, D.SC.

Consultant in Plastic Surgery
Joseph E. Murray, M.D.

Consultant to Surgical Service
Charles C. Lund, M.D.

Consultant in Biophysics in Neurosurgery
Eugene Bell, M.SC., PH.D.

Consultants to Orthopedic Service
Morris Cohen, PH.D.
Robert J. Hansen, D.SC.

Consultant in Physics to Orthopedic Service
George Scatchard, PH.D.

Consultant in Pathology
Walter G. J. Putschar, M.D.

Consultants in Radiology
Henry I. Kohn, PH.D., M.D.
John B. Little, M.D.
Edward B. D. Neuhauser, M.D.
Richard Schatzki, M.D.
Melvin Tefft, M.D.

Consultants in Physics
Robley D. Evans, PH.D.
John G. Trump, D.SC.

HOUSE STAFF

Residents and Interns
As of January 1, 1968

Medicine

Residents:

William N. Kelley, M.D.
Frederick L. Moolten, M.D.
Gordon T. Moore, M.D.
Suzanne Oparil, M.D.
Jay H. Sanders, M.D.
Fredric C. Shean, M.D.
Stanley Wishner, M.D.
Steven Wolfson, M.D.

Assistant Residents:

Joseph D. Babb, M.D.
Laurence H. Beck, M.D.
Lewis C. Becker, M.D.
Michael S. Brown, M.D.
John W. Burnside, M.D.
Matthew L. Carr, M.D.
David C. Dale, M.D.
Gilbert H. Daniels, M.D.
Joseph L. Goldstein, M.D.
Gilman D. Grave, M.D.
R. Peter Mogielnicki, M.D.
H. Denman Scott, M.D.
Samuel C. Silverstein, M.D.
Laurence J. Sloss, M.D.
Harold C. Sox, M.D.
Michael G. Worthington, M.D.

Interns:

Robert W. Barton, M.D.
David W. Bilheimer, M.D.
Thomas M. Buchanan, M.D.
James J. Dineen, M.D.
Leonard L. Ellman, M.D.
Laurence B. Gardner, M.D.
Lawrence D. Gelb, M.D.
Robert A. Liss, M.D.
John D. Minna, M.D.
Harvey B. Simon, M.D.
Richard G. Smith, M.D.
Thomas G. Smitherman, M.D.
Thomas P. Stossel, M.D.
Richard M. Weinshilboum, M.D.
Ira W. Weiss, M.D.
Bryan T. Woods, M.D.

Dermatology

Chief Resident: Andrew A. Simone, M.D.

Assistant Residents:

Ervin H. Epstein, M.D.
Michael D. Fisher, M.D.
Gerald C. Goldman, M.D.
Mary D. Skinner, M.D.

Neurology

Resident: Martin C. Raff, M.D.

Assistant Residents:

Robert P. Kark, M.D.
Eileen Ouellette, M.D.
James A. Schnur, M.D.
Edward Wolpow, M.D.

Psychiatry

Assistant Residents:

Michael H. Nelson, L.R.C.S.
David L. Raphling, M.D'
Mark W. Rhine, M.D.
David J. Wood, M.D.

Children's

First Assistant Residents:

Michael Goldfein, M.D.
Doris M. Greenberg, M.D.
John McNamara, M.D.
John W. Scanlon, M.D.

Second Assistant Residents:

Stephen O. Atherton, M.D.
Melvyn B. Levine, M.D.
John P. Cloherty, M.D.
Joseph D. Schulman, M.D.
Robert A. Struble, M.D.

Interns:

Helen C. Christy, M.D.
Gilbert Duritz, M.D.
Ruth A. Fazioli, M.D.
Rudolph L. Leibel, M.D.
Ira T. Lott, M.D.
David W. Marsland, M.D.
Christine L. Williams, M.D.

Surgery

First Assistant Residents:

Wallace H-J Chang, M.D.
Joseph M. Civetta, M.D.
Josef E. Fischer, M.D.
Preston H. Gada, M.D.
Graeme L. Hammond, M.D.
Ronald M. Weintraub, M.D.

Second Assistant Residents:

Ali A. Barekat, M.D.
Douglas M. Behrendt, M.D.
Joel D. Cooper, M.D.
A. Benedict Cosimi, M.D.
Robert J. Figman, M.D.
Dexter W. Lawson, M.D.
Peter B. Mansfield, M.D.
Michael N. Margolies, M.D.
Jack M. Monchik, M.D.
William R. Moore, M.D.
John B. Mulliken, M.D.
Martin J. Nathan, M.D.
Melvin R. Platt, M.D.
Andrew L. Warshaw, M.D.
Marvin J. Wexler, M.D.
Dennis R. Whitlow, M.D.
Laurence E. Wolf, M.D.
LeRoy S. Wirthlin, M.D.

Third Assistant Residents:

Ronald M. Abel, M.D.
Eugene L. Appel, M.D.
Bruce St.J. Cutler, M.D.
Frederick J. Finseth, M.D.
James M. House, M.D.
Edward E. Jacobs, Jr., M.D.
Michael B. Lewis, M.D.
Dale Purves, M.D.
William U. Shipley, M.D.
Everett V. Sugarbaker, M.D.
Thomas J. Vander Salm, M.D.
William C. Wood, M.D.

Interns:

David C. Brewster, M.D.
Alfred M. Cohen, M.D.
A. John Erdmann, M.D.
Anthony I. Imbembo, M.D.
Robert J. Irwin, Jr., M.D.
Fredric Jarrett, M.D.
Bruce MacDougal, M.D.
Thomas A. Pittman, M.D.
William R. Pitts, Jr., M.D.
Robert E Sloane, M.D.
Joshua J. Tofield, M.D.
John R. Wesley, M.D.

Neurosurgery

Assistant Residents:

Charles E. Brown, M.D.
Gerald N. Gold, M.D.
Yechiel D. Heilbronn, M.D.
Paul L. Kornblith, M.D.
Joseph C. Rich, Jr., M.D.
Howard A. Richter, M.D.
Henry H-H Schmidek, M.D.
John McL. Tew, M.D.
James G. Wepsic, M.D.
Shyam B. Yodh, M.D.

Orthopedic Surgery

Residents:

Allen S. Lewis, M.D.
Mohinder A. Mital, M.B., B.S.
William H. Simon, M.D.

Assistant Residents:

Norman E. Beisaw, M.D.
Richard I. Burton, M.D.
Stuart Cope, M.D.
Gerald Dehner, M.D.
Frederick C. Ewald, M.D.
James I. Huddleston, Jr., M.D.
Dineshkumar G. Patel, M.D.
Lawrence T. Shields, M.D.
Charles M. Smith, M.D.
Hugh W. Watts, M.D.

Urology

Assistant Residents:

John J. Greisman, M.D.
Mahmoud Kabbani, M.D.
Ambrose P. McLaughlin, M.D.
Clinton D. Vermillion, M.D.

Pathology

Resident: Gerald Nash, M.D.

Assistant Residents:

Bernard G. Forget, M.D.
James J. Galdabini, M.D.
Jerry L. Harris, M.D.
Robert Hershberg, M.D.
Albert R. Keller, M.D.
John W. Mason, M.D.
Roger A. Williams, M.D.
David L. Page, M.D.
George Perlstein, M.D.

Intern: Arthur S. Schantz, M.D.

Anesthesia

Chief Resident: Fergus M. Cameron, M.B.,B.CHIR.

Assistant Residents:

Jean Paul Babineau, M.D.
Burton A. Briggs, M.D.
Brian C. Carroll, M.D.
Antoine Cloos, M.D.
Dorothy M. Crawford, M.B., B.CHIR.
Edward C. Elsey, Jr., M.D.
Mohammad H. Esmaili, M.D.
Nishan G. Goudsouzian, M.B., B.CH.
Brian H. Gross, M.D.
John K. Hairabet, M.B., B.CHIR.
John W. Hennessey, M.D.
Alix Mathieu, M.D.

Irena K. Michalska, M.D.
Helen R. Morley, M.B., B.S.
Armando Napoli, M.D.
David E. Riddle, M.D.
James F. Schauble, M.D.
Barbara L. Slater, M.D.
S. K. Szyfelbejn, M.D.
Richard S. Traul, M.D.
Suzanne S. Webb, M.D.
Mitsuo M. Yokoyama, M.D.

Radiology

Residents:

S. Boyd Eaton, M.D.
Deborah M. Forrester, M.D.
Francis J. Gallia, M.D.
Reginald A. Greene, M.D.
Charles K. Jenkins, M.D.
Milton A. Weiner, M.D.

First Assistant Residents:

Edward H. Eliscu, M.D.
Richard M. Heller, M.D.
A. Everette James, M.D.
Joseph H. Lyons, M.D.
Kook Sang Oh, M.D.
Robert F. Rider, M.D.
James W. Wallace, M.D.

Second Assistant Residents:

Karl T. Benedict, Jr., M.D.
Raymond A. Berke, M.D.
Robert J. Cihak, M.D.
Adah M. Duncan, M.D.
Geun C. Jang, M.D.

Oral Surgery

Intern: Robert B. Donoff, D.M.D.

CLINICAL AND RESEARCH FELLOWS

Medicine

Visiting Fellows:

Raymond F. Baddour, SC.D.
Ian J. Forbes, M.D.
Eva S. Kirsten, M.D.
Roland K. Kirsten, PH.D.
Robin D. Marshall, PH.D.
Walter S. Metcalf, D.PHIL.
Rosemary S.-J. Schraer, PH.D.

Fellows:

Levi C. Adams, M.A.
Iftikhar Admad, M.B., B.S., T.D.D.
Kurt G. Alberti, M.D., B.CH.
Morton E. Alpert, M.D.
Raj Kumar Anand, M.D.
Joseph L. Andrews, Jr., M.D.
Alan B. Ashare, M.D.
Komanduri Ayyanger, PH.D.
Doris Barber, M.D.
David Beith-Halahmi, PH.D.
Peter Biely
H. J. P. Bloemers, D.SC.
Romaine R. Bruns, PH.D.
Matthew A. Budd, M.D.
Renata E. Cathou, PH.D.
Douglas A. Chamberlain, M.R.C.P.
George L. Cohen, M.D.
Clelia Collotti, M.D.
Donald R. DiBona, PH.D.
Stephen J. Doctoroff, M.D.

John D. Dougherty, M.D.
Marc Henri Dresden, PH.D.
Jack E. Farnham, M.D.
Allison B. Felarca, M.D.
Stanley Feld, M.D.
Lourdes L. Foo-Canto, M.D.
Pierce Gardner, M.D.
Robert M. Glickman, M.D.
Maury A. Goldman, M.D.
Jerome H. Grossman, M.D.
Thomas Harcus, M.B., CH.B.
Elvin Harper, PH.D.
Edward D. Harris, Jr., M.D.
Joseph J. Herskovits, M.B.
Margot A. Hobbs, M.B., B.S.
Bernard Hoop, Jr, PH.D.
Richard M. Humes, PH.D.
Michel Jeannet, M.D.
Robert E. Kahn, M.D.
Andrew H. Kang, M.D.
John A. Kastor, M.D.
Andrew Y. Kimura, PH.D.
Madeleine A. Kirchberger, PH.D.
Ulrich R. Kleeberg, M.D.
H. M. Knox-Macaulay, M.R.C.P.
Raymond S. Koff, M.D.
Toshimasa Kojima, B.S.
David G. Large, PH.D.
Robert C. Leinbach, M.D.
Louis B. Levovsky, M.D.
Manuel Lopez, M.D.
Denis G. Martin, M.B., B.CH.
Donald McCaughan, M.D.
James C. McFarland, M.D.
Neil McIntyre, M.B., B.S.
James P. A. McManus, M.B., CH.B.
Gerald Medoff, M.D.
Judith Medoff, M.A.
Robert C. Moellering, Jr., M.D.
Raymond L. H. Murphy, Jr., M.D.
Allen R. Meyers, M.D.
Pradip K. Nandi, PH.D.
Robert M. Neer, M.D.
Robert K. Ockner, M.D.
Donald S. O'Hara, PH.D.
Normand E. Olivier, M.D.
Willy N. Pachas, M.D.
David W. Parsons, M.D.
James I. Peters, Jr., M.D.
Hans F. Pfeiffer, PH.D.
Jack H. Pincus, PH.D.
Stephen M. Pizer, PH.D.
William J. Powell, Jr., M.D.
Andre L. Purnode, M.D.
Eliezer S. Rachaman, PH.D.
Alan H. Rapoport, M.D.
Alla R. Reddy, PH.D.
Vernon N. Reinhold, PH.D.
Stanley J. Reiser, M.D.
Richard E. Reitz, M.D.
Frank F. Richards, M.D.
Glyn P. Roberts, PH.D.
James D. Russell, PH.D.
John C. Santos, M.D.
Peter Schofield, PH.D.
Theodore R. Schrock, M.D.
Howard J. Schwartz, M.D.
Cynthia K. Silbert, M.D.
Pierre G. Sinay, D.SC.
Irwin Singer, M.D.
Thomas W. Smith, M.D.
Massimiliano Spinola, PH.D.
William B. Stason, M.D.
Michael M. Stewart, M.D.
Wilma Summers, PH.D.
Roger H. Sweet, M.D.
Andrew C. Twaddle, PH.D.
Laercio M. Valenca, M.D.
Francis A. Waldvogel, M.D.
Michael D. Waterfield, B.S.
Dale A. Webster, PH.D.
Richard L. Weinstein, M.D.
Milton M. Weiser, M.D.

Dermatology

Roseine Bretton, M.D.
Allan B. Flaxman, M.D.
Lynn From, M.D.
Lowell A. Goldsmith, M.D.

David P. Johnson, M.D.
Dimitrios T. Kalivas, M.D.
Jeltje Koumans, M.D.
Kathleen O'Shea, M.D.

Neurology

Joseph F. Alderete, M.D.
Horatio R. Aldredge, III, M.D.
David M. Anderson, M.D.
Joven R. Cuanang, M.D.
George R. DeLong, M.D.
Thierry W. Deonna, M.D.
Elizabeth C. Dooling, M.D.
F. Raul Jeri, M.D.
Jonathan Leicester, M.B.B.S.
Harvey L. Levy, M.D.
Jay P. Mohr, M.D.
Michael J. Moore, M.D.
Jerome V. Murphy, M.D.
Ashok K. Rastogi, M.B.B.S.
Sidney Sament, M.B., B.CH.
Vivian E. Shih, M.B.
Vincent P. Sweeney, M.D.
Philip A. Wolf, M.D.

Neuropathology

Bruno Agostini, M.D.
Frederic K. Cantor, M.D.
John F. Griffith, M.D.
Karl Gloning, M.D.
James R. Lehrich, M.D.
Andrea H. Nash, M.D.
William C. Schoene, M.D.
Robert A. T. Scott, M.D.
William R. Scott, M.D.

Psychiatry

Richard S. Abrams, M.D.
George Bach-y-Rita, M.D.
Stuart H. Bartle, M.D.
Brian Bouton, M.D.
Charles H. Brown, M.D.
Pablo Pacheco Cabrera, PH.D.
Gordon D. Carr, M.S.
Edward H. Cassem, M.D.
Edward A. Conboy, M.D.
Paul C. Conley, M.A.
Anthony DeRosa, PH.D.
William B. Donovan, M.D.
Woodrow N. Donovan, M.D.
Amir M. Farhadi, M.D.
Stuart Fine, M.B., CH.B.
Kenneth F. Green, PH.D.
Eleanor Z. Hanna, M.A.
Eddie H. Harris, M.D.
Robert P. Hopkins, M.D.
David Hutchison, M.D.
Stuart M. Kameny, M.D.
Jasna Kuftinec, M.D.
Zlatko M. Kuftinec, M.D.
Robert Leff, M.D.
David Lelos, M.A.
John R. Lion, M.D.
Joseph F. Lipinski, M.D.
Lawrence D. Litman, M.D.
John J. MacMahon, M.D.
Peter R. Manes, M.D.
Robert C. Marvit, M.D.
Paul W. McCarthy, M.B., CH.B.
Michael D. Murphy, M.B., B.CH.
Stephen C. Padnes, M.D.
Karen L. Pajari, M.D.
Richard R. Paquette, M.D.
Robert D. Patterson, M.D.
Joseph G. Perpich, M.D.
Fredric J. Phillips, M.D.
Richard Purdy, PH.D.
Gerald H. Rothschild, M.A.
William H. Sack, M.D.
Hideo Sasaki, PH.D.
Stanley E. Slivkin, M.D.
Philip Sullivan, M.D.
Julian R. Taplin, PH.D.
Serafettin Tombuloglu, M.D.
Jerry Wacks, M.D.
Evelyn D. Waitzkin, M.D.
Howard J. Weisman, M.D.
Howard A. Wishnie, M.D.
Tomislav Zargaj, M.D.
Richard Zavarine, M.D.

Pediatrics

Christos S. Bartsocas, M.D.
Hans H. Bode, M.D.
Samuel Goldstein, M.D.
T. S. Halldorsson, M.D.
Miep S. Kaempfer, M.D.
Joseph Neeman, M.D.
Nirmala N. Vashi, M.D.

Surgery

Schichisaburo Abo, M.D.
Akahito Aoki, M.D.
Alessandro Basso, M.D.
Conrado C. Bondoc, M.D.
William W. Bonney, M.D.
Federico Chavez-Peon, M.D.
Robert J. Corry, M.D.
Giuliano Daddi, M.D.
Bernard S. Goldman, M.D.
Bruce Henderson, M.B., CH.B.
Mohammad A. Ilahi, M.B.B.S.
Johannes Jeekel, M.D.
Moti L. Kothari, M.B., B.S.
Robert K. J. Koumans, M.D.
David C. Lyon, F.R.C.S.
Andrzej Michalski, M.D.
Toshio Miyakuni, M.D.
Hana A. Musilova, M.D.
Ryozo Omoto, M.D.
Jashwant Patel, M.D.
Anne W. Phillips, M.D.
Graham C. Priestley, PH.D.
Harry J. Sheiner, M.B., B.S.
David M. Sokol, M.D.
Kozo Suma, M.D.
Margherita Willems, PH.D.
Zenya Yamazaki, M.D.
Shinji Yuasa, M.D.

Neurosurgery

Bennie Bub, F.R.C.S.
Robert M. Crowell, M.D.
Denis Fohanno, M.D.
Ryoji Hagiwara, M.D.
Takesada Mori, M.D.
Charles F. Poletti, M.D.
Albert Prieto, Jr., M.D.
A. David Roth, M.D.
Kunijuki Someda, M.D.
Hideo Terao, M.D.
Michael C. Trachtenberg, PH.D.

Orthopedic Surgery

Anthony L. Andrikides, PH.D.
John R. Auty, PH.D.
Ronald E. Barber, L.D.S.
Benjamin E. Bierbaum, M.D.
Laurence C. Bonar, PH.D.
John Cockin, F.R.C.S.
John E. Kenzora, M.D.
Paddy D. McConaghey, PH.D.
Eduardo Rodriguez, M.D.
Nils W. Rydell, M.D.
Jerome M. Seyer, M.D.
Charles A. Shuttleworth, PH.D.
Robert Gibson Winans, M.D.
Zvi H. Yosipovitch, M.D.

Pathology

Juanito B. Billote, M.D.
James D. Daly, M.D.
John L. Farber, M.D.
P. K. Gupta, M.D.
Birgit Henriksen, M.D.
Charles G. Huizenga, M.D.
Leslie S. Kish, M.D.
Neil S. McNutt, M.D.
Robert O. Petersen, M.D.
Vivian W. Pinn, M.D.
Sixto Recavarren, M.D.
Stanley J. Robboy, M.D.
Alan L. Schiller, M.D.
Kurt J. Stromberg, M.D.
Ronald S. Weinstein, M.D.
Gary M. Williams, M.D.

Anesthesia

Wayne Baldwin, M.D.
Paul R. Berry, M.B., CH.B.
John H. L. Bland, M.D.
Andrew K. Dewar, M.B., CH.B.
Nancy Jo Engeset, M.D.
Joan W. Flacke, M.D.
Chester J. Flynn, M.D.
Burton D. Goldstein, M.D.
Hans T. Henriksen, M.D.
John W. D. Knox, M.B., B.CH.
Charles J. Kopriva, M.D.
David J. Lightman, M.B., B.S.
Patricia W. Osgood, A.B.
Wynne L. Parry, B.M., B.CH.
Gilbert N. Penlington, M.B., B.CHIR.
Valerie Jill Prior, M.B.
Sigurd Rosenkaimer, M.D.
Holger Schmid-Schoenbein, M.D.
Laurence A. Simons, M.B., B.S.
Judith A. Tassie, MD.
Kenneth W. Travis, M.D.
Robin A. Vander Molen, M.B.
John W. Willens, M.D.

Radiology

Gerald H. Kolodny, M.D.
Maurice S. F. McLachlan, M.B., CH.B.

Biochemical Research

May Bertschmann, PH.D.
Winfried Boos, PH.D.
Adrienne S. Gordon, PH.D.
David S. Papermaster, M.D.
Ryosuke Yuasa, M.D.

Oral Surgery

Walter S. Krawczyk, D.D.S.
Peter E. Strock, D.D.S.

McLEAN HOSPITAL

List of Officers of the McLean Hospital will be found on page 189.

The Ophthalmological and Otolaryngological needs needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary. Their Staff becomes a part of the Staff of the Massachusetts General Hospital and is as follows:

MASSACHUSETTS EYE AND EAR INFIRMARY

Medical Staff—Department of Ophthalmology

Chief of Ophthalmology

HENRY F. ALLEN, M.D.

Associate Chief of Ophthalmology

Carl C. Johnson, M.D.

Surgeons in Ophthalmology

Garrett L. Sullivan, M.D.
Albert E. Sloane, M.D.
Carl C. Johnson, M.D.
Earl S. Seale, M.D.
Harry E. Braconier, M.D.
Sumner D. Liebman, M.D.

Associate Surgeons in Ophthalmology

W. Morton Grant, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Joseph M. Clough, M.D.
Charles H. MacLaughlin, M.D.
Karl Riemer, M.D.
Henry A. Mosher, M.D.
Francis J. West, M.D.
Robert J. Brockhurst, M.D.
Taylor R. Smith, M.D.
Alfred W. Scott, M.D.

Assistant Surgeons in Ophthalmology

David H. Scott, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
John M. Hill, M.D.
Arthur M. Morrissey, M.D.
Ichiro D. Okamura, M.D.
D. Robert Alpert, M.D.
Charles D. J. Regan, M.D.
Baruch J. Sachs, M.D.
David D. Donaldson, M.D.
S. Arthur Boruchoff, M.D.
Paul M. Runge, M.D.
Bertha Offenbach, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.
Byron S. Lingeman, M.D.
Richard J. Simmons, M.D.
George M. Olive, Jr., M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Arthur F. Calnan, M.D.
John M. Carroll, M.D.
Eugene C. Ciccarelli, M.D.
H. MacKenzie Freeman, M.D.
Carl Gates Freese, Jr., M.D.
Stephen J. Fricker, M.D.
George E. Garcia, M.D.
John R. Gehring, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Paul D. Hurley, M.D.
B. Thomas Hutchinson, M.D.
Robert S. L. Kinder, M.D.
Robert C. Lawlor, M.D.
*Howard M. Leibowitz, M.D.
*Simmons Lessell, M.D.
Irwin T. Mancall, M.D.
J. Wallace McMeel, M.D.
Ernst J. Meyer, M.D.
David Miller, M.D.
*Robert A. Petersen, M.D.
Silvio R. Pirquet, M.D.
Robert D. Reinecke, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
*Richard A. P. Thoft, M.D.
Donald R. Weis, M.D.
Michael Wiedman, M.D.
David S. Walton, M.D.

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*Leave of Absence

Medical Staff—Department of Otolaryngology

Chief of Otolaryngology
Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

John E. McKeigue, M.D.
Bernard Zonderman, M.D.
J. Charles Drooker, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.
William W. Montgomery, M.D.

Associate Surgeons in Otolaryngology

Herman J. Sternstein, M.D.
*Aram Roopenian, M.D.
Charles Kent, M.D.
Robert E. Klotz, M.D.
Sidney R. Wilker, M.D.
*Anthony Zovickian, M.D.
William L. Hayden, M.D.
Robert H. Lofgren, M.D.
Thomas R. Klein, M.D.
Alfred L. Hurst, M.D.

Assistant Surgeons in Otolaryngology

Elizabeth DeBlois, M.D.
Hugo D. Angelini, M.D.
Louis E. Griffey, M.D.
Geza J. Jako, M.D.
John C. Trakas, M.D.
Yale J. Berry, M.D.
Richard R. Gacek, M.D.
Allan G. Edwards, Jr., M.D.
John M. Kurkjian, M.D.
Roy A. Johnson, M.D.

Assistants in Otolaryngology

Frank W. Brady, M.D.
Werner D. Chasin, M.D.
Robert V. Cheren, M.D.
Robert W. Clubb, M.D.
Lawrence S. Hirsch, M.D.
Roger S. Kaufman, M.D.
Donald G. Keamy, M.D.
David L. Pierce, M.D.
Mendell Robinson, M.D.
Sydney Shore, M.D.
John J. Stavros, M.D.
Morris Swartz, M.D.
Albert Weiser, M.D.
**Alfred D. Weiss, M.D.

Director of Anesthesiology
John C. Snow, M.D.

Director of Radiology
Alexander S. Macmillan, Jr,. M.D.

Director of Otolaryngological Pathology
Karoly Balogh, Jr., M.D.

Director of Ophthalmic Pathology
Taylor R. Smith, M.D.

Assistant Ophthalmic Pathologist
Tochiro Kuwabara, M.D.

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*Plastic operations
**Neurology

One Hundred and Fifty-Fourth Report of the Trustees

THE YEAR 1967 has been an eventful and important one for the Massachusetts General Hospital. It was the first full year of Medicare, the most significant of many government programs affecting all hospitals and one where full impact has yet to be felt. With the Hospital running at close to capacity before the program's inception, the effect upon occupancy could not be great statistically, but the pressures of this continuing high census place great strain upon all hospital services and personnel. Many doctors and patients have been inconvenienced by temporary unavailability of beds but despite crowded conditions, the emergency ward has been able to take virtually all comers. Standards of patient care have been maintained and we are extremely proud of the accomplishments of the staff under the able direction of Dr. Knowles in surmounting all obstacles and providing continuing leadership not only to hospitals in the greater Boston area, but throughout the nation as they and the Federal government adjust their procedures to make Medicare work.

The expected effects of Medicare are with us — fuller occupancy, a slightly greater proportion of patients over 65, longer hospitalization for many of these patients, and mountains of paper work. Many unforeseeable effects are proving of great value to the Hospital. The Utilization Review Committee required of all hospitals under the law has served as an excellent forum to review hospital practices in order to maintain the highest quality of patient care and to insure the optimal utilization of hospital services and facilities. New schedules for professional fees to service patients have been drawn up and the opportunities for closer cooperation with official Washington have been utilized. Perhaps most important, future planning has been forced upon Staff and Trustees alike, telescoping the time available to make important decisions in such varied areas as ambulatory or pre-admission facilities (possibly motel arrangements), development of better extended care facilities and the creation of more critical and intensive care units. These

and many other areas require study now in order to assure the ability to provide the facilities that will be required not only by rapidly advancing medical technology, but the social arena of a few years hence.

The year past has been one where sharply increased cost of hospitalization has been brought to the attention of the public and widely discussed. Twice within the past two years, the daily patient rate has been raised by approximately $10 a day. With about three-quarters of the annual operating budget represented by salaries, increased costs reflect higher minimum wage levels and competition from the higher nursing and other salaries elsewhere in the country. More importantly it reflects an effort through better pay and fringe benefits to be competitive with other areas and other industries so that we need not rely upon a sense of charity to attract the finest people at all levels of the Hospital.

Most dramatic has been the establishing of a new scale for the House Staff bringing these young doctors to a range of $6,000 to $10,000 per annum allowing them to live on something more than future expectation. For perspective, the new intern starts at $6,000 a year — twenty times the $300 per year received in the early 1950's. The House Staff, 280 strong, generally speaking represent the finest of the graduates of American medical schools, and we must insure that they will continue to cherish an M.G.H. appointment. Salary alone will never bring them to us, but it must never keep them away.

Despite the fact that the M.G.H. Trustees have felt that the Hospital should take the lead in improving the lot of its 6,000 employees, it is a tribute to the Administration that it remains the lowest cost hospital of the Harvard Medical School teaching hospitals. In further tribute the Hospital saw the first attempt at unionization of a segment of its employees overwhelmingly defeated during 1967. The development of "middle management" within the Hospital is a program of great importance. For an institution with a budget of approximately $50 million — $41 million excluding research, nearly three times the level of a decade ago — good administration, though often unsung, is vital.

In attempting to carry the hospital side of increasing costs to

the public, Dr. Knowles has played a role of outstanding leadership. Articulate, direct and realistic, he has made himself constantly available to the newspapers, radio and television of Boston. He has worked tirelessly with legislators in Boston and administrators in Washington to the gain of all. He also visited medical facilities in Vietnam as part of a USAID team under the auspices of the State Department. The news media are quick to extol the glamour of medical achievements but seldom delve deeply into the cost and effort that lies behind them. In an area of such public importance yet such complexity it is vital to have able, informed spokesmen available to help the press present a complete picture of background for the spiraling cost of hospitalization. The private teaching hospital plays an all important role not only in today's but in tomorrow's medicine, yet to be appreciated and perpetuated its story must be told, and told again.

By way of physical progress, construction on the new Surgical and Special Services Building has gone steadily forward and at year's end the exterior is almost complete. It is probable that some areas will be occupied during the coming summer. The financial requirement of some $22 million for this construction, much of which will only be in skeleton form, has forced the Hospital to borrow for the first time in at least one hundred and thirty years. A large Boston bank has extended to us its maximum legal loan and in addition has agreed to purchase the appropriate amount of our patient receivables.

Even with this assistance it remains extraordinarily important that we continue our urgent appeal to the public. We are far short of our immediate needs, the loans will have to be repaid, and to finish the skeleton areas will require many millions more. The pressure to continue the progress of this new building has forced virtually all new unrestricted gifts to be devoted to this purpose and many more are needed. Looking ahead ten years capital requirements are very large indeed — $100 million would not overstate the case.

During the year several important staff positions were filled. Following the retirement of Dr. Erich Lindemann, the Hospital has been most fortunate in its appointment of Dr. Leon Eisenberg as Chief of Psychiatry and with him Dr. Seymour Kety as

Biologist, a team that will bring new vision to the Psychiatric Service. Coincidentally, the West End House on Blossom Street, purchased last year, has been refurbished to serve both psychiatric offices and research. Also during the year it was decided to change the name of the Department of Dental Medicine to the Department of Oral Surgery, and it is a pleasure to report the appointment of Dr. Walter Guralnick as its Chief. At the present time there are *ad hoc* committees at work to find Chiefs in Urology, Radiotherapy, Radiology, Anesthesiology, and a new Psychiatrist-in-Chief at the McLean Hospital.

The three major activities of the Hospital, patient care, teaching and education, and research are now under the supervision of committees composed of Trustees and Staff. For some years the Committee on Research has been most effective, the Utilization Review Committee now in its second year has already been mentioned, and we have great expectations for the newly established Committee on Teaching and Education under the able chairmanship of Dr. Daniel Federman. From Bishop Sherrill's Advisory Committee on Research and the Individual came a paper presenting guiding principles for human studies, a thoughtful and humanitarian work of far wider benefit than for the Hospital alone.

The same cost pressures mentioned above have beset the McLean Hospital and resulted in an increase in the basic daily rate from $50 to $60 per day in October. Nonetheless the census has remained high and for much of the year there has been a waiting list for many of the facilities. Day care, night care and Outpatient service have increased steadily in recent years and enable the Hospital to play a more important role in its own community. Evidence of the community's interest in McLean was demonstrated in the outstanding success of a Sunday open house in October.

After considerable study the architectural firm engaged to prepare a Master Plan for McLean presented its recommendations to the Trustees. The first step toward implementing this long range plan came with the signing of a Memorandum of Intent with the Hall-Mercer Hospital, of which one-half is operated by the Massachusetts General Hospital, toward the establishment of a hospital unit on McLean grounds for the psychiatric care of children. This will enable McLean to sub-

stantially reduce the minimum patient age. The Trustees have undertaken to donate four acres of land to Hall-Mercer upon which their new building will be erected. Also during the year the Town of Belmont took by eminent domain 9.4 acres from the old farm land west of Mill Street for use in connection with the town incinerator. Private developers and the Town have considered purchase of other currently unused portions of the McLean property. This may be an important source of funds required to implement portions of the Master Plan provided that the sale of land does not jeopardize the longer term land needs of the Hospital.

The Storrow House Committee devoted an active year to bringing the management of our Convalescent Unit into a closer working relationship with Fruit Street, and in meeting the requirements for qualifying as an extended care unit under Medicare. Plans for remodelling the building have been approved by the Commonwealth and are in process of implementation. Rates were increased $4.00 a day to bring us into line with prevailing rates elsewhere and to create a budget which will allow much of the Convalescent Fund income to be available for repairs and improvements.

We report with sadness the death of Dr. James Howard Means who had served the Hospital with distinction in many capacities for over thirty years.

The Governor of the Commonwealth named a new Trustee, Mr. Joseph L. Tauro to fill the vacancy created by the death of Monsignor Robert P. Barry on October 8, 1966.

The era of rapid change in which we live presents to all hospitals and medicine many challenges and opportunities. The Trustees and Administration must seek to maintain a balance between patient need, teaching and research. They must keep up to date in thought and action to provide a facility both useful to the community and outstanding in the nation. A community must be served which is no longer confined by the borders of Massachusetts or even the nation. Above all, the standards of excellence which reward the patient, attract the fine young doctor, experienced specialist and outstanding researcher must be maintained in a rapidly changing social and scientific world. To this end, the Trustees will devote their efforts in the year to come.

GEORGE PUTNAM
For the Trustees

Report of the General Director

IT is an honor to submit the Annual Report of the Hospital for the year 1967, my sixth as General Director.

The institutionalization of medical care in hospitals has resulted from scientific and technological developments, particularly rapid and of an accelerating nature over the past half century. These developments have been matched by the social problems of rising expectations and rising costs. All resources, human, technical and natural are finite which demands that priorities on their recruitment, development and expenditure be established. The urban teaching hospital articulates science and technology, teaching and research with the wants and needs of people. As such, it occupies the center ground where decisions are made (or where outside decisions are felt) which will determine the degree of success in resolving the major issue facing medicine — how to improve the organization, distribution and utilization of the fruits of medical science and technology. In such an attempt, cost, quality and equality (of availability and utilization) of medical care become the central issue for the institution. Human (i.e. manpower) and financial resources become critical determinants to this central issue, and these, in turn, are played upon by evolving scientific, technological and social forces. All of these determinants and forces are used in the planning process. The balancing of all these determinants and forces shapes the present and future of the Hospital — the position which it will occupy in society and the degree of success it will enjoy in its ultimate functions.

I have recently completed a seven-year review of the activities and changes within the M.G.H. which will provide the framework for our future planning. This has been submitted as a report to the Trustees with recommendations. The General Executive Committee will ultimately review much of this report, and it will be distributed to the Hospital Staff. The coming year will be spent consolidating our gains, reviewing our recent past, and planning for the next five years. As always, the entire Hospital family will participate in this central and crucial process of planning, which is sure to bring many substantial

changes in our functions. The presence of all the Chiefs of Service on the General Executive Committee and the marked success of the Staff-Trustee Committees on Research, on Utilization Review (i.e., Patient Care) and more recently on Teaching and Education, to say nothing of on-going work of the multiple standing and *ad hoc* Committees of the Hospital assures us of a sound organization with which to plan, implement agreed-upon plans, and obtain maximal participation of the considerable talents and strengths of the 6,000 members of the M.G.H. family.

The important events of the past year have been reviewed in the reports of the Trustees and of the General Executive Committee, which allows me to focus on two major developments in the Hospital during 1967, namely, the Charlestown Project and the new Committee on Teaching and Education.

The Charlestown Project

The preamble to the constitution of the World Health Organization defines health comprehensively as a "state of complete physical, mental and social well-being, and not merely the absence of disease and infirmity." Medicine has a long list of triumphs as regards the cure, containment, or amelioration of established somatic disease, is doing much better in some areas of mental health, but knows almost nothing of social as contrasted with biological well-being. Little attention is paid by the medical world to such causes of social disease as parental inadequacy, overcrowding, the oppressive threat of scientific war, poverty, inadequate educational opportunities, the non-therapeutic uses of leisure, the misuse of the mass media, or the suppression and persecution of minority groups. Yet, medicine today, with its successes, its problems and the demands it faces, has become inextricably a part of larger societal concerns. The obligatory inter-relationship of social, mental and somatic dis - ease (and dis - ease is stressed for clarity of meaning, that is, a lack of ease) demands a review of medicine's expanding role and suggests new functional departures.

Our teaching hospitals are called health centers today when, in reality, they enjoy a limited and exclusive function as the citadels of acute curative, scientific and technical medicine.

Medical educators speak of comprehensive medical care as including the preservation of health and the prevention as well as the cure of disease. Continuity of care and home care are stressed. Its aims are laudable but are rarely achieved today except for the "cure of disease" part. As the successes of medical science and medical technology pile up, the subdivision of medical labor increases with its attendant technical competence, discontinuity of care, manpower shortages, and high cost. These considerations coupled with the present defensive isolation of the medical world in its bastions of acute curative, specialized and technical medicine, the hospitals, prevent the giving of comprehensive care and the development of the true "health center" or a "focal point" for community health care. Obviously, our educational system and the "learning field" in medicine must be considered deficient, if its context avoids the study of social and economic dis - ease manifested, respectively, by the expanding numbers of what we call the mentally ill and by our increasing difficulty in financing the chronic care of the chronically ill as they steadily enlarge our aged population. Similarly, the availability and utilization of health services remain uneven, and those most in need, our impoverished, our children, and our aged find themselves least able to satisfy those needs.

All roads in the community lead to the "health center" which finds itself restricted to the treatment of established somatic disease by teams of specialists. There is no public health or preventive medicine discipline available. Many hospitals have no social service and, at best, only poorly developed outpatient ambulatory clinics. There is no honest attempt to provide continuity of care or extension of services to the community and into the home. There is little coordination or communication with the other caring institutions of the community . . . the nursing homes, home-maker services, rehabilitation services, visiting nurse associations, the churches, the schools, the courts of law, urban renewal organizations . . . and the care of the mentally ill has long since been segregated and resides in distant asylums, public and private. The hospital has emerged in the eyes of the profession as the "medical center" only because of its central position in the successful treatment of somatic crises.

The health of a community must inevitably include considera-

tions of its economic, educational, recreational, housing, and general social condition. Somatic and psychic disease is most prevalent in urban, impoverished communities where, hand in hand, one finds the poorest living conditions, highest unemployment rates, lowest educational facilities and attainment, the greatest civil unrest. Inevitably, medicine must concern itself with the larger field of social welfare and develop a holistic concept of a community's health, if it is to prevent disease and maintain health and thereby enhance the quality of life, to say nothing of the national welfare. Such a concept will allow medicine to take its rightful place in the larger field of social welfare, and will considerably enhance the learning experience of *all* health personnel. Simultaneously, it will allow study and experimentation with the better use of scarce health personnel and the more rational use of health services by the community. The cost of such services, although absolutely increased when provided initially to such deprived communities, should be more than justified through the economic advantages of preventing disease, or of rehabilitating those with disease, to say nothing of the better use of lower cost facilities (than hospitals) where appropriate.

It is the intention of the M.G.H. to develop such a holistic plan in conjunction with all the organizations concerned with the health of a community — be they urban renewal, educational, welfare, religious, public health, visiting nurses, and so on. It is the overall aim of this program to develop a health service system which will represent all the skills, manpower, and resources required to cultivate high level physical, cognitive, and psychologic health and competence during the formative years of pregnancy, infancy, and childhood, and to prevent, detect, and treat disease and disability as necessary to maintain optimal health throughout life.

A new Committee on Community Programs has been developed whose primary interest at the present time is the development of a comprehensive ambulatory care program for the roughly 16,000 residents of Charlestown. This Committee has received the wholehearted support of all of our Professors and Chiefs of Service and represents a most important new functional departure for the M.G.H. It recognizes the need for the acute, curative teaching hospital to actively extend its services

to the community through holistic concepts of comprehensive care and preventive medicine. Improvement in organization, distribution and utilization of health services and more effective use of the highly technical, high cost hospital in relationship to the community as well as the rationalization and improved use of scarce medical manpower should result from this important new venture. We have now spent nearly two years on this project in deep consideration of the multiple interests which prevail in Charlestown and the political difficulties of a pluralistic society and a pluralistic economy in the field of health services. Once the political problems have been solved, we face the further problems of funding such a comprehensive program on such a large scale with local, state and federal governmental agencies. The political difficulties attendant upon contracts or grants with multiple funding agencies(city, state and federal) which lack uniform procedures amongst themselves may prove to be a very difficult if not insurmountable task. We do know that the federal government is most anxious for us to make this application so that it may help them to develop one funding agency for such comprehensive and holistic health planning and health services. Through this mechanism and with the help of the newly created Center for Health Services Research at the Harvard Medical School, we hope to research the organization, distribution, utilization and evaluation of quality medical services. This is an exciting and crucial new venture for the M.G.H., and its success will have widespread influence and ramifications.

Committee on Teaching and Education

From time to time over the past six years, various unsuccessful attempts have been made to establish a new Committee on Teaching and Education at the M.G.H. For a variety of reasons, the Chiefs of Service and the General Executive Committee were not ready to establish such a change in the organizational structure of the Hospital. With the report, however, of the Citizens Commission on Graduate Medical Education, the General Executive Committee formed an *ad hoc* Committee on Teaching and Education with the request that they analyze the so-called Millis Commission Report and file their report with recommendations with the General Executive Committee and ultimately

the Board of Trustees to whom the Commission's report was addressed in the first instance. A central recommendation of the Millis Report is that each teaching hospital staff act corporately to formulate, revise and evaluate its educational goals and curriculum and to provide for ongoing review of these functions. The *ad hoc* Committee and the General Executive Committee agreed unanimously that now was the time to move to develop an ongoing committee to deal with such problems.

The charge of the Committee is to maintain "overall excellence in the medical teaching functions of the Hospital at all levels through the mechanisms of ongoing review, evaluation and, where appropriate, reformulation of existing problems so that the future needs of the community, individual doctor and the individual patient are satisfied." Again, the Committee was established as a Staff-Trustee Committee and has already formed an Executive Committee. The full Committee will meet monthly and will consist of the Chiefs of Service, the General Director and appropriate administrative staff, the Dean of the Harvard Medical School and other representatives from his office, a member of the preclinical faculty at Harvard, three Trustees, three members of the clinical faculty of the M.G.H., the Director of Social Service, the Director of Nursing, an Executive Secretary, and an Assistant Director for financial affairs. The Executive Committee and the full Committee have met several times to choose areas of study which suddenly seem too numerous! Once again the organizational structure of the M.G.H. has been changed and adapted to meet social concerns and pressures. In this particular instance the problems of shortages of medical manpower and the rationalization of the teaching and educational functions of the M.G.H. demand that a coordinating committee be formed for ongoing scrutiny, review and improvement in our teaching and training functions. No longer is our old indentured, apprentice system adequate.

The report of the *ad hoc* Committee which resulted in the establishment by the Trustees of the new Committee on Teaching and Education is sufficiently important to quote from it directly:

> 1. A central recommendation of the Millis report is that each teaching hospital staff act corporately to formulate, revise and evaluate its educational goals and curriculum,

and to provide for continuing review of these. Our Committee was unanimous that it is timely for the M.G.H. to do this.

2. Comprehensive care and the primary physician. The Millis Report emphasizes the need to focus medical education on the preparation of physicians to provide comprehensive health service. It argues that there is no group of physicians or medical specialists presently capable of doing so, and urges that a new type of physician be trained to provide this care for patients. He would deal with the general aspects of health and disease, arrange consultation on the patient's behalf where needed, and generally coordinate all aspects of the patient's care. Such a physician would probably have his primary experience in pediatircs or internal medicine, but important phases of his training would be devoted to medical gynecology, psychiatric aspects of medicine, and ambulatory and home care. This man would be called a "primary physician," and a new type of comprehensive medical service should be established to train him.

While we agree that medical education should prepare physicians to provide comprehensive care, we do not agree that the primary physician defined by the report is a viable general role nor that the M.G.H. should establish a separate service devoted to training such a person. We feel, for example, that residency training in pediatrics or medicine, followed by specially designed experience in the ambulatory clinics of the M.G.H. and in the future in community programs under M.G.H. sponsorship would readily prepare an individual to practice comprehensive medicine. In addition, we believe that the M.G.H. should investigate new approaches to delivering medical care and should teach its residents the valid findings of such ventures.

3. The Millis Report urges that each teaching hospital ". . . make its programs of graduate medical education a corporate responsibility rather than the individual responsibilities of particular medical or surgical services or heads of services." Our Committee feels strongly that the M.G.H. should adapt its organization to provide for counsel, advice, and coordination of all educational activities. We do not in any way, however, feel that existing residency or teaching programs should be removed from the charge of the respective Chiefs of Service, who must have authority commensurate with that responsibility. A standing Committee on Education would, however, facilitate review, constructive criticism, and modification of the education activities of the Hospital.

4. The Millis Report recommends abandoning the internship as a distinct portion of medical education. As a corollary it suggests that graduation from medical school be considered the end of general medical education and that specialized training, called residency or graduate medical education, begin at that time. Our Committee feels that the recommendation regarding internship applies primarily to rotating internships, and that the major services of this Hospital, although nominally including interns, are devoted to specialized training in the first year as well as later. It should be recalled, however, that for certain specialties such as radiology, pathology, and psychiatry, a year of internship is required before residency training. In addition, such a year of general training can be very valuable for medical graduates uncertain of their choice of specialty. The permanent Committee on Education may wish to consider the question of providing such an experience as a trial.

The report further urges that hospitals experiment with various forms of residency training, and our Committee seconds this enthusiastically. We strongly support the recommendation of the Millis Commission that the specialty boards and residency review bodies encourage experimentation by interpreting their own statutes liberally and that they not require any lengthening of the period of graduate education.

5. The Millis Report suggests that approval of hospital training programs be reserved to those hospitals which offer programs continuous from the beginning of graduate training to its end, and that approval of residency training programs be given to institutions, all of whose services are adequate, rather than to specific services. The Committee agrees with the apparent aims of these recommendations, but doubts they are enforceable at the present time without undue hardship. We fear the immediate witholding of approval from all hospitals with internships alone might have an adverse effect on current patient care without a compensatory immediate advantage. Such a recommendation clearly requires the deliberations of the permanent Committee on Education. A second corollary of this proposal was that all patients in a teaching institution must be considered teaching patients. This goal has for some time been a guiding principle of the teaching programs of the M.G.H.

6. The Millis Report urges that the staff members of teaching hospitals undertake interdisciplinary study of the problems of providing better medical care, of improving graduate training, and of teaching teachers. It states that the medical and other faculties of the universities have

much to learn from each other, and should collaborate in research and innovation. We feel a Committee on Education is needed at the M.G.H. to play an active role in such activities, and that it will perforce examine undergraduate as well as continuing education.

7. The final major recommendation of the Millis Report is that a new Commission on Graduate Medical Education be appointed. While our Committee agrees with this concept, we strongly disagree with the membership proposed by the Millis Commission. We feel this Hospital should support such a Commission only if it has widespread representation including the A.M.A., the A.A.M.C., medical school deans, the American College of Physcians, the American College of Surgeons, and community representatives such as non-medical educators and directors of teaching hospitals."

Some areas of study which will be dealt with by the new Committee are as follows:

Liaison with pre-clinical faculty and review of current curriculum revision.
Review of Harvard Medical School student reports on teaching program at M.G.H.
Participation in Charlestown venture.
Review and evaluation of present residency programs.
Evaluation of methods of choosing interns.
Review and formulation of programs in continuing education.
Review of Federal legislation with implications for regional planning and education.
Liaison with Library Committee of M.G.H.
New teaching methods and the teaching of teachers (Technology and Social Science background).
Method of evaluating the educational process (e.g. Specialty Boards, National Medical Boards).
The grading and extension of responsibility (House Staff and Visiting Staff).
Optimal use of the best teaching talent of M.G.H.
The Shriners' Burn Institute and its Teaching Program.
Review of requests for additional House Staff.
The full participation of private patients in the teaching process.
Review of quality and quantity of Federally-sponsored training grants.
The educational program for Clinical and Research Fellows.
Planning for teaching facility needs (auditoria, teaching rooms, etc.).

Dr. Daniel Federman is the first Chairman of the Committee and will serve for a three-year term. I believe that the historians will equate the importance of this innovation with that of the Committee on Research which has more than justified its establishment in the organizational structure of the Hospital — assuring us of excellence and orderly development of research interests. The time has arrived for similar strengthening of our teaching and educational interests. For the future we must obtain outside funds for the support and development of the crucial work of the Committee.

* * *

I cannot close this report without mention of the two major national issues which divide our country today and threaten the moral and constitutional foundation upon which our nation was built, namely the Vietnam War and the civil rights struggle. What is best for our country, its pluralism and its democratic ideal, is best for this Hospital and its 6,000 people. Inevitably the fate and future of a country and its institutions are inextricably interwoven. The problems of Vietnam and civil rights have a particular and poignant relevance to the medical world and its institutions. I would be less than honest not to share my concern with you, the reader, with full realization that there will be those who believe that the Annual Report of the General Director of the M.G.H. is scarcely the appropriate place for such discussion. The problems of Vietnam and civil rights share a cruel irony: in the one instance, we are attempting to save a country and its people from communism and in the process the people and their culture, homes and institutions are being eroded and destroyed. In the other instance, we proclaim freedom and equality of opportunity to the world while we steadfastly deny it to our Negro Americans. In both instances the country is widely split — and the oncoming younger generation revolts at the present generation's inability and unwillingness to match word and deed. I am personally convinced that the present direction and stance of our country and its leadership with respect to Vietnam and civil rights is inadequate and that much more must be done, and done soon, to find constructive solutions. These two problems distract us all and divert our energies.

But why the relevance to medicine and specifically this Hospital? As relates to Vietnam, the inevitable by-products of war have always involved the medical profession in the care of military and civilian casualties and in the prevention of epidemic disease or care of its victims, to say nothing of the care of refugees and the homeless.

At the personal level, many of us have given time and energy to help with the medical problems of Vietnam, whether it be Miss Lepper's program of training nurses for duty there, my own trip to review the health care of the civilian population at the request of the State Department and the President, or the drafting of our young doctors and employees for service in Vietnam. At another level, the expenditure of over 30 billion dollars annually in Vietnam and the deployment of scarce manpower and intellectual resources to a war 12,000 miles away has reduced or removed support for drastically needed medical research, technology and hospital facilities. The fulfillment of domestic medical needs has flagged, and our belt will have to be tightened. Belt-tightening is a good thing periodically for a country and its institutions, causing as it does self-scrutiny and review with an eye to removing what has been unproved and inadequate, while enhancing efficiency and quickening the sense of responsibility and of "first-things-first." It is mainly the *cause* of the belt-tightening to which I object.

Turning to the struggle for civil rights, the medical world is not (or *should not be*) unique in its desire that freedom, pluralism, and equality of opportunity be afforded *all* Americans and further, be guaranteed by law. Unique to the medical profession is the fact that lack of freedom and equal opportunity for a people is ultimately reflected in an increased incidence of disease in those people, be it psychic, somatic or social lack of ease. It is redundant to state that the poor and the Negroes of this country suffer the highest incidence of disease of all our people — and Roxbury and Watts as well as Charlestown remain undeveloped countries like Africa, Latin America and Vietnam in this regard. The immediate pressing issue for urban hospitals is to be prepared for the sudden demands brought on by civil riots — where anarchists and rioting mobs flow into the hospital with the injured — with the potential for chaos staggering to contemplate.

The short and long-range issue for this Hospital and its 6,000 workers is to speak up, become informed and work diligently and tirelessly, not only for the sick who come to us for help, but for the future of the Hospital as it reflects the virtues and strengths of a democracy. By participating in the process of democracy and helping to resolve the issues of Vietnam and civil rights, we will strengthen the country, we will strengthen the Hospital in the public interest and . . . we will strengthen ourselves.

JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

THE records of the General Executive Committee over the past year, 1967, indicate the many pressures and problems confronting the Hospital at this time of great social turmoil. Traditional practices have been re-examined and new activities undertaken as necessary to maintain the vigor, health and relevance of the M.G.H. and to strengthen excellence in patient care, teaching and research.

Reorganization of the General Executive Committee

Since its inception in 1912 the General Executive Committee has been a very restricted body serving in an advisory capacity to the Trustees. Only a few Services found themselves represented on this important Committee the membership of which, with the exception of the two elected staff representatives, was static. In recent years with the increased complexity associated with increased size, the problem of internal communication has become a major one within the Hospital community. The restricted membership of Service Chiefs on the G.E.C. contributed to this problem. Therefore, on June 7, 1967, all Service Chiefs were invited to participate in the activities of the G.E.C. It is quite clear at the end of the first six months of this trial that the results have been entirely salubrious. No longer is any Service Chief, charged with major staffing and service responsibilities, excluded from important deliberations on policies which may directly affect his Service and the morale of this important group has improved accordingly.

Several changes have been made in the membership of the G.E.C. in addition to its expanded membership. Dr. Thomas Gephardt completed his term as Staff representative and was replaced July 1, 1967, by Dr. Earle Wilkins. Dr. Daniel Ellis was returned by the Staff as their other representative. Dr. Leon Eisenberg, the new Chief of Psychiatry, succeeded Dr. John

Nemiah who had served as Acting Chief of the Psychiatric Service since Dr. Erich Lindemann's retirement in October, 1966. On July 1, 1967, Dr. Alexander Leaf assumed chairmanship of the Committee, taking over from Dr. Paul S. Russell who had then completed two years as Chairman.

Collection of Physicians' Fees

A uniform fee schedule for all physicians' fees in the Baker and Phillips House was proposed by the Fee Committee of the Baker-Phillips House Committee. This was adopted to serve as a guideline for setting reasonable fees for procedures performed in the M.G.H. by members of its Staff.

The Federal Medicare Law of July, 1966, provides payment of physicians' fees on all patients cared for under this social legislation. The impact of legislation aimed at providing government third party coverage for all citizens upon our teaching services received much thought and discussion. Awareness that this would lead eventually to the disappearance of our public ward services, the mainstay of our teaching services since the opening of the Hospital, has initiated timely planning for better utilization of our private services as a teaching resource.

More acutely the question of collecting physicians' fees on our teaching services was discussed in detail and finally consensus was obtained to try a system of fee collection from third party coverage on General Hospital patients. The following guidelines were accepted (Minutes of 6/26/67):

"Professional fees will be collected for professional care rendered to patients in the General Hospital.

1. Members of the Staff can sign for, collect and pre-assign to the Hospital appropriate fees for their services when they have identified themselves to the patient, written an appropriate note in the chart and have rendered a portion of the professional service to the patient (which shall include teaching, supervision and administration of care, as well as elements of direct, personal care.)

2. Income generated from the collection of such professional fees will be deposited in the general fund. The General

Executive Committee recommends that these funds be primarily used to support the professional activities of the Hospital."

Committees

Of the numerous committees essential to the function of a large urban teaching hospital, two new committees created during the year deserve special mention. The Trustees upon recommendation of the G.E.C. established a joint Trustee-Staff Committee on Education and Teaching organized in the image of the Committee on Research and the Utilization Committee. This development resulted from the recommendation to the G.E.C. of an *ad hoc* Committee which studied the AMA-sponsored Report of the Citizens Commission on Graduate Medical Education and considered what could be done at the M.G.H. to strengthen the teaching in our postgraduate training programs. The new committee will have many important matters to deal with and should strengthen the teaching in each service which heretofore has been the sole prerogative of the individual service chief. With all the talents of the institution available much more can be accomplished than by any single service. The creation of this Committee provides for a separate Trustee-Staff Committee to deal with each of the major functions of the Hospital: patient care (Utilization Review Committee), research (Committee on Research), and now, teaching.

A new function for urban hospitals is seen by many to be that of providing focus and support for community health programs. The G.E.C. created a committee to investigate and establish a community health center in Charlestown and indicated that this would be a total Hospital commitment. At a time when the mechanisms for the distribution of health services in the community are under severe criticism by government and public this activity seems highly appropriate. Educational institutions in the past have not assumed responsibility, or even much concern, as to how their product provided for the health needs of the nation. Now that the demand for health services has increased the supplier can no longer remain aloof and unresponsive to the needs of the consumer. The Charlestown venture will

serve many purposes in addition to providing the best possible medical care to a community of some 16,000 inhabitants. It will serve as a laboratory to learn how to deploy our physicians, nurses, ancillary health personnel, laboratory and diagnostic facilities to serve most efficiently and economically the needs of a community. It will relieve pressures on the ambulatory and in-patient services of an over-subscribed and harassed metropolitan hospital. It will introduce preventive medical practices into a community health service. It will redefine the educational role of medical school and teaching hospital by examining the activities of the physician and other personnel in such a health program. It will provide the basis for an intelligent regionalization of health services. It seems clear that this important venture must succeed and that it will have great impact on medical care at the M.G.H. and in our country.

Personnel

Dr. Leon Eisenberg was appointed Professor of Psychiatry and Chief of Psychiatric Services succeeding Dr. Erich Lindemann. Simultaneously, Dr. Seymour Kety was appointed Professor of Psychiatry (HFT). Both appointments became effective September 1, 1967.

Dr. Walter Guralnick was appointed Chief of the Oral Surgery Service at the M.G.H. with the title of this Service reverting to that in existence prior to Dr. Weisberger's tenure during which it was the Department of Dental Medicine. Simultaneously, Dr. Guralnick was appointed Chairman of the Department of Oral Surgery at the Harvard Dental School and promoted to Clinical Professor of Oral Surgery. Meanwhile further consideration of the future of dental medicine at Harvard Medical School is in progress.

Action by the Administration and Trustees to increase salaries for the House Staff was applauded by the G.E.C. The complement of House Staff for each Service was carefully reviewed by the G.E.C. with the intention that Hospital funds would support the service needs for House Staff. Confusion with support of equivalent training personnel from Training Grants should be avoided and the Hospital's responsibility to its House Staff made unambiguous.

The General Executive Committee starts the new year with the traditional load of unsolved problems. It commences, however, with renewed confidence that the good will, cooperation and constructive thinking of its members can do much to secure the best solutions to these and new problems likely to confront the Hospital.

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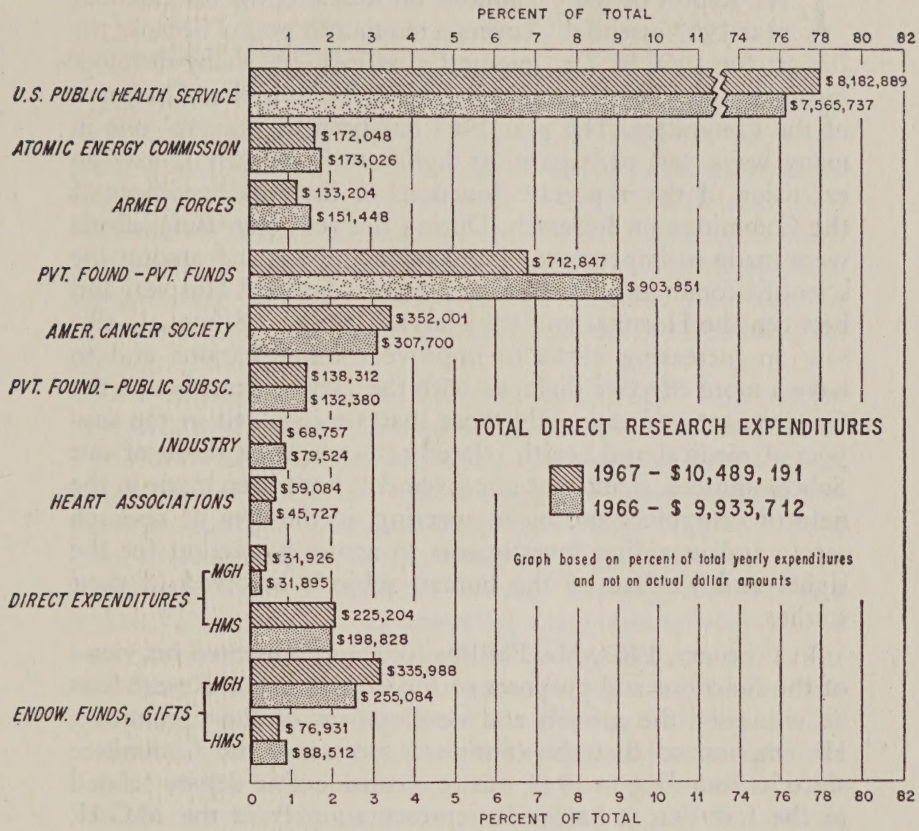
Direct Research Expenditures For 1967



Report of the Committee on Research

THE Report of the Committee on Research for the calendar year 1967 essentially covers a ten-month period because the Report for 1966 by Dr. Jerome Gross included many developments through February 28, 1967, when he retired as Chairman of the Committee. The year 1967 has been an eventful one in many ways, but perhaps most significantly because it saw an extension of the important functions of the Subcommittees of the Committee on Research. During the year increasing efforts were made to improve communications within and among the scientific community of the Massachusetts General Hospital and between the Hospital and the Harvard Medical School. It also saw an increasing effort to improve communications and to have a more effective dialogue with the varying branches of the Government and especially those that are involved in the support of medical and health related research. As a result of our Subcommittees, significant improvements have been made in the field of computers and bioengineering, in the area of research safety and in aiding investigators to assure protection for the rights and welfare of the human subjects involved in their studies.

In February, 1967, Mr. Phillips Ketchum presented his views of the functions and purposes of the Committee on Research as he witnessed the growth and development of the Committee. He emphasized that the continued success of the Committee since its founding in 1947 was to a considerable degree related to the fact that it has wide representation from the M.G.H. research community and that the Committee has never been involved in directing research but rather to aid the investigator in his efforts. The Committee has benefited from the fact that it has always had several members from the Board of Trustees who have facilitated communication between the Committee and the Board. Mr. Ketchum pointed out that the Committee has been increasingly effective and efficient through creation of an Executive Committee and strengthened by the establishment of its numerous permanent and *ad hoc* subcommittees. This source of strength was also recognized by the Scientific Advisory Committee in its reports and deliberations in 1967 and 1968.

The Scientific Advisory Committee commended the manner whereby so many members of the research community effectively participate in the activities of the Committee on Research.

Intrahospital Communication

For some time all of us have recognized that given the magnitude of the research effort at the Hospital and the numerous scientists engaged in this effort which currently includes about 250 research fellows plus the senior research staff, it is clear that there has been a great limitation in the ability to learn of the many projects and investigations which are being pursued. Thus, during this year a number of efforts have been made to attempt to improve communication among and between the scientific community.

One of these approaches has been to have reports by service or department chiefs at bimonthly intervals at the meetings of the Committee on Research. During 1967 presentations of great interest were made by Dr. Oliver Cope on the development and plans for research space and operations of the Shriners' Burns Institute, Boston Unit; by Dr. Raymond D. Adams on the many interrelated research activities of the Neurology Service; and by Dr. Thomas Fitzpatrick regarding the numerous clinical and basic research interests of the Dermatology Service. It is clear that these sessions to date have been warmly received and that many individuals have expressed the opinion that this type of communication provides an overall scope of the activities in the Hospital which otherwise would be very difficult to obtain. We hope that such presentations will continue and that one of the benefits may be that there will be a greater opportunity for interaction between staff and investigators who otherwise might well be unaware of their mutual interests.

In an attempt to create a greater exchange and contact between the investigators at the Hospital, a Subcommittee on Research Colloquia was established during the past year. One of its initial recommendations was the establishment of a series of Rsearch Colloquia to be held perhaps three or four times a year which would involve a social hour and dinner and then a lecture concerning a subject of broad and general interest. A contribution from the Burroughs Wellcome Foundation has

made it possible to defray the expenses of these meetings. The first Research Colloquium was held on November 14, 1967, at which time Professor George Wald spoke on "Mechanisms of Human Vision." Parenthetically, the Committee was pleased it had selected and invited Dr. Wald as its first speaker prior to his being awarded the Nobel Prize in Medicine. These meetings have been attended by the members of the Committee on Research and of its Subcommittees. Additional colloquia which will encompass other members of the research community are scheduled for February and May, 1968. The Subcommittee on Research Colloquia is also considering the desirability and feasibility of holding other scientific symposia and conferences to promote scientific exchange at the Massachusetts General Hospital.

The 1967 Research Activities booklet lists 607 professional research staff and 1,195 publications. Also, in 1967 through the efforts of the Research Office a weekly listing of seminars, lectures and other events at the M.G.H. has been published in the form of a bulletin, "This Week at the M.G.H." This bulletin has been most favorably received as a means of making investigators more aware of the many scientific meetings held throughout the Hospital.

Another productive avenue of internal communication has been the invited presence and participation of Mr. Lawrence Martin, Associate Director and Comptroller, at meetings of the Committee on Research and of the Executive Committee on Research for discussion of problems of administration of research and training grants as well as of research operations.

Intrainstitutional Communication and Cooperation

Further efforts were made during the year to improve communication between the Hospital and the Harvard Medical School. The presence of one or more members of the Harvard University Faculty on the Scientific Advisory Committee has promoted this interchange. In addition, Dean Ebert met with the Executive Committee and Associate Dean Meadow met with the full Committee on Research to discuss problems of mutual interest and concern. Several officials dealing with administration of sponsored research at Harvard and the Massachusetts Insti-

tute of Technology met with the Committee on Research for a discussion of the advantages and disadvantages of the contract versus the grant as an instrument for support of research in non-profit institutions.

Another aspect that is under review is the relationship of non-clinical scientists attached to clinical departments or services with the basic science departments at the Harvard Medical School. Numerous aspects of this relationship, including academic titles and criteria for promotion, will be the subject of discussion and examination during the coming year. During the year it was proposed that the M.G.H. could and should make greater efforts to attempt to formulate its own policies in connection with research and the support of research and having done so to convey these policies to the agencies in Government as well as to elected representatives in Congress. In an attempt to approach this problem an *ad hoc* Subcommittee on Research Policy was appointed. One of its initial efforts was to review a statement prepared by Dr. Leaf together with other individuals from the M.G.H., the Harvard Medical School, and the Massachusetts Institute of Technology. This document entitled "The Government, Medical Research, and Education" was extensively reviewed and revised by the *ad hoc* Subcommittee. It was subsequently endorsed by the Committee on Research and published in *Science*. It is anticipated that this Subcommittee will continue to play an important function in the future development of research policy at the M.G.H. and to permit us to have a more effective dialogue with the Government and the agencies involved in medical research. In this regard it is worth noting that Federal and State agencies call extensively on the staff of the M.G.H. for advice and guidance in the planning and operation of programs affecting health.

Activities during the year of several of the Subcommittees of the Committee on Research deserve comment.

Subcommittee on Human Studies

In January, 1967, the Trustees' Committee on Research and the Individual submitted for approval by the Trustees the pamphlet "Human Studies — Guiding Principles and Procedures." This document incorporating the thoughts of the Subcommittee

on Human Studies had been carefully worked into a superb statement of the problems relating to human studies and their ethical and moral resolution within the research community at the Hospital. This pamphlet has subsequently been distributed to all members of the Staff and to interested persons in the United States and abroad where it has been received with enthusiasm. On February 10, 1967, the Massachusetts General Hospital Agreement with the Public Health Service regarding procedures to be followed in Public Health Service supported projects that use human subjects was accepted by the Public Health Service. The Subcommittee held eight meetings during the year at which 307 projects were reviewed, of which 154 involved human studies.

Subcommittee on Bioengineering and Developmental Research

As a result of recommendations of this Subcommittee, a Medical Engineering Group was established in the Hospital. It is hoped that this group will facilitate both service and development in the areas of instrumentation and electronics for the research community. This facility will be responsible to the Committee on Research through the Chairman of the Subcommittee. The Subcommittee has continued to explore other fields of biological engineering and the possible relation of the Hospital to various engineering facilities in the greater Boston area.

Subcommittee on Computer Service to Research

As reported last year, the Harvard Computing Center was asked to assist the Massachusetts General Hospital to examine in detail the computing needs of the research community and to report on the extent to which the Hospital should participate in the Harvard Computer Program. The Harvard Computing Center submitted a report in May, 1967, entitled "Requirements for Computer Services to Research at the Massachusetts General Hospital." This report was adopted and implemented by the Committee on Research with the establishment of a Research Computing Group at the Massachusetts General Hospital staffed by professional personnel of the Harvard Computing Center. This group has rapidly become involved in ongoing projects, in

the planning of new projects and, in collaboration with the Subcommittee, in the development of a research computer program at the Hospital.

In conclusion, it should be reemphasized that the success of the Committee on Research in dealing with its numerous problems has been the result of the dedicated efforts of its members and especially the members of the Subcommittees. With the enthusiastic support of the Massachusetts General Hospital research community, it is clear that we shall continue to be able to tackle effectively the tasks before us.

KURT J. ISSELBACHER, M.D.
Chairman
Committee on Research

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Vincent Memorial Hospital
Report of the Chief of Staff

IT appears to me eminently appropriate that this report submitted after the conclusion of twenty years of occupancy of the Vincent Building on the grounds of the Massachusetts General Hospital should in substance be a descriptive summary of the Hospital and its personnel as well as a review of its recent activity.

Such a report was prepared for the Utilization Review Committee of the Massachusetts General Hospital early in 1968. The document prepared for that presentation forms the substance of this Annual Report.

The Gynecologic Ward Service occupies the 26 beds on the second floor of the Vincent-Burnham Building. In close proximity are a private women's floor of the same size (Vincent 3), two operating rooms on White 3, the administrative and full-time staff offices and research laboratories on Vincent 1, the M.G.H. Emergency Ward, and an ambulatory clinic, with both general and special divisions in it.

About one-quarter of the Vincent 2 admissions enter through the Emergency Ward. Most of the others are seen initially in the out-patient clinic, which has for years been recognized as our major pathway to the admissions office. In the Clinics, patients are largely self-referred. About 20% are under Medicare, though on the ward, this figure rises to about 50%. In 1967, there were 835 admissions (682 operations) to the ward service and almost the same number to the Baker Memorial and Phillips House as private patients of the gynecological staff. The clinics recorded 5,810 visits of which 1,006 were in the special section for obstetrical or infertility problems. This special division is now one and a half years old and has successfully reactivated patient care in these two subdivisions of our specialty. In addition, it has pioneered a form of administrative integration which permits sharing of the obstetrical cases with the in-patient service at the Lying-In division of the Boston Hospital for Women. In addition to the patients seen in the ambulatory

clinic, at least 3,500 more failed to appear for previously made appointments or called up and cancelled them.

On the ward service between 30% and 40% of admissions each year have cancer. Since 1927 the results of treatment of cancer of the uterus have been collated and published every three years with similar data from the rest of the world. The follow-up on our own cases at last reporting was 100%. Over the years, this important clinical study has brought about a continuous close collaboration between radiation therapy and gynecology.

The resident staff is assigned from General Surgery. The senior man, usually with over three years training, serves as resident. He has one assistant resident under him on the ward and one on the private side. The interns rotate through, one at a time, at two-month intervals.

The active visiting staff includes eight qualified gynecologists besides the Chief (five have had a full obstetrical training), three additional members of the Associate Surgical Staff enable us to meet our needs for undergraduate teaching since we must instruct the entire M.G.H. quota of students in the basics of gynecology during the 12-week course of "Introduction to the Clinics" and also deliver the course in Gynecology throughout the Principal Clinical Year to about one-fourth of the Third Year Class at Harvard Medical School. Clinical research is a function of all but the Associate Staff group. Basic research is a major preoccupation of four of the Active Staff. The Annual Report on Research Activities at the Massachusetts General Hospital gives details of this endeavor. All the active Visiting Staff except for Honorary Physicians and members of the Board of Consultation who regularly admit their private patients to this Hospital make a full contribution to the teaching and training program. A senior and a junior visit schedule of assignments in three and six-week blocks throughout the calendar year permits close coverage of the ward service activities with frequent consultation and supervision, and simultaneous assignment of students in a fashion which permits continuity of teaching and intelligent appraisal of each individual. The continuing education of the Visiting Staff is an inevitable consequence of this constant exposure to students and House Staff in training and

can be evaluated yearly during the two-week Postgraduate Course in Gynecology which is given under the auspices of the Harvard Medical School.

It is not just of historical interest to note that this service and the Vincent Memorial Hospital are synonymous. The identifiable persistence of the pre-existing institution is an important factor in the quality of this unit's performance; for it creates a spirit of unity which finds reflection many times a year in the response of the Vincent Trustees, the Board of Managers, and the Vincent Club to the Hospital's needs and its achievements. In the same way there exists now a scientific tradition which harks back to the contributions of Meigs, Albright, and others. As other Chiefs of Service have already told you, with our ability to recruit superior residents and to place them in an environment of easy interchange with a diverse but generally highly qualified Visiting Staff, our need for methods to control efficiency and quality of patient care are probably comparatively minor. By the same token, our standards are set high. Record keeping is an internal as well as a hospital responsibility and although no formal mechanism exists to detect lapses in communication between the Resident Staff and the community of physicians around them, no opportunity is lost to indicate that it is both good practice and good manners to pay scrupulous and prompt attention to this kind of detail. Our weekly service meeting is a thorough review of current and recently discharged patients. The weekly tumor conference which follows brings together gynecologists, radiotherapists, pathologists, chemotherapists, cytologists and their trainees. The Nursing Service and Social Service attend and participate in all meetings which deal with the care of patients. Indeed longstanding, fiercely loyal service by key personnel in both in-patient and out-patient areas is the single most important factor in the maintenance of high quality care for patients in the presence of the inevitable variations that occur with changing of house staff and visits as the calendar turns.

The Vincent Service profits particularly from its compact geographic arrangements — easy and rapid communication between the House Staff and the nurses on the one hand, and between the House Staff and the Visits on the other has per-

mitted the bringing together of experience and opinions even when the problem at hand seems trivial. This, in the ultimate analysis, may be the measure of highest quality care.

This service for several reasons already discussed above lends itself well to an appraisal of trends, for analysis of systems, and for studies of feasibility of scheduling of appointments, operations, diagnostic procedures, and the like. For the future, I foresee a need to redesign our plant and our methods to include private and semi-private ambulatory and transient care as a part of our hospital responsibility. It is here that the demand is now most pressing. Marching along with this will be those experiments in patient care which will evenutally blur out the line between private and other status .

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital

Report of the Board of Managers

ANOTHER year has passed with progress and commitment being the two outstanding characteristics.

The September meeting opened with the annual coffee party for the fifty doctors in the post-graduate course. There could not be a better way to impress upon our Board how much the Vincent Hospital and its teaching staff mean to gynecologists from all over the country. It is an excellent way to start our year. The annual birthday party for the whole hospital family, always well attended, preceded the November meeting.

The summer was a very busy one, with the patient load so heavy that a new departure was tried with interesting results. A rotating arrangement was made with graduate nurses from the psychiatric floor on Bulfinch 7. They came for a week at a time, and brought many of their specialized nursing skills to patients on our floors.

It was also an excellent example of good public relations with the M.G.H. and their interest in us, and many friends were made in the process.

Our own nurses worked extra hours and double shifts, in order to keep up the high standard of nursing care for which the Vincent Memorial Hospital is so well known. Although the preceding observation properly belongs in the 1967 report, it is important to speak of it now and it will bear repeating next year.

The spirit of commitment could not have been more clearly shown than in the interesting talks the two head nurses gave us at the February and March Board meetings. Their descriptions of what distances the nurses came to cover the wards, and how faithfully they performed their duties, with thoughtful attention to the entire personality of their patients were an extraordinary revelation.

Surely, Miss Fraser, the beloved Director on South Huntington Avenue, would have been justly proud, as well as the many who have cared so much for the Vincent Hospital over the seventy-six years of its existence.

Turning to the physical progress made in the Hospital, Mrs. Cox and Mrs. Morss have worked tirelessly, and often with discouragingly slow service on the renovation of the wards.

With funds accrued for depreciation, the Trustees authorized fifty-three electric beds and the necessary over-bed tables. These arrived in the summer and are indispensable. Chairs, curtains and lamps have come with authorization of the Trustees, and the conscientious supervision of Mrs. Cox and Mrs. Morss. Much more is to follow, and we greatly appreciate their time and interest.

We can look back then on this year as one marked by a heavy burden of responsibility for the patients and the hospital, carried out with a spirit of commitment rarely seen in these times and thus the more appreciated. It was also marked by sorrow, in the death of one of our most dearly beloved Board members, Mrs. Edward Cunningham, whose devotion for fifty years was commitment in the truest sense.

And finally, it has been marked by constant progress. We have seen it in the improvements to the physical plant, in the understanding and imagination shown by the hospital staff, as well as by their loyalty, and by this Board, as visitors and truly concerned people.

To the Vincent Club and the Hospital Trustees go our gratitude and admiration. For seventy-five years they have given successive Hospital Boards not only the benefit of their generous gifts, but the inspiration of their devotion.

Each year increases the quality of excellence we know belongs to the Vincent Memorial Hospital.

HELEN C. CROCKER
(Mrs. Courtenay Crocker, Jr.)
President

Report of the Department of Pathology

IN 1956 the Department of Pathology inaugurated a program of predoctoral National Institutes of Health fellowships for two post-sophomore Harvard Medical School Students to spend a year in the laboratory working on a research project as well as learning the routine work of the pathologist in a teaching hospital. Dr. David Korn, one of the first two students, returned to the Department later as an intern and for resident training and then spent the next eight years at the National Institutes of Health. I am very happy to announce that he has recently been appointed Professor and Head of the Department of Pathology at Stanford University. There are now ten full professors, seven of whom are chairmen of departments, who have received their training in pathology at the Massachusetts General Hospital since 1950.

As an outgrowth of the post-sophomore fellowships the Department this year instituted another student program in the form of summer clinical clerkships in pathology for six students, supported by stipends from our own James Homer Wright Fund. In contrast to the full year's fellowship, which is research oriented, this program is clinically oriented. The candidates applying far exceeded the six who were accepted, and the favorable response of these students to the training has led us to continue these clerkships. It was a similar volunteer clerkship (without stipend) given by the late Dr. Tracy B. Mallory to Dr. Castleman in 1930, when he was a medical student at Yale, that influenced him to choose pathology as a career.

Although all members of the Department participate extensively in the undergraduate teaching at the Harvard Medical School, our activities at the postgraduate level continue to increase. The Department's one-week course on the Pathology of the Endocrine Glands, now in its fourth year, continues to be very popular. The number attending is limited to 50 physicians, principally pathologists and endocrinologists, from all parts of the country, and each year there is a long waiting list. In addition, members of the Department participate in other graduate courses in other specialty fields given in the Hospital, such as gynecology, pediatrics, surgery, oncology and internal medicine.

The Clinicopathological Conference continues to play a role in some of the graduate courses for which cases pertinent to the specialty are presented. Many of the out-of-state physicians have expressed their pleasure to have the opportunity to see at first hand the conferences that they have been reading for years in the *New England Journal of Medicine.* The flavor of these exercises during the past year was enhanced by the following guest discussers who were visiting physicians from other centers: Dr. Eugene Braunwald, Clinical Director of the National Heart Institute; Dr. William Stanbury, Professor of Medicine at the University of Manchester, England; Dr. Gerald Klatskin, Professor of Medicine at Yale; Dr. Phillip Tumulty, Professor of Medicine at Johns Hopkins; Dr. Morris Ziff, Professor of Medicine at Southwestern University, Dallas; and Lord Brock, Thoracic Surgeon, Guy's Hospital, London. The widespread use of these presentations of Massachusetts General Hospital cases as teaching exercises throughout the world continues to amaze M.G.H.-ers who visit foreign medical institutions. In the fall of this year, when Dr. Castleman visited the medical schools in Teheran, Isfahan and Shiraz in Iran, as a World Health Organization Consultant, he was both surprised and gratified to discover how much the Iranian students and physicians know about members of our staff for whom they have great respect through these published cases. In one medical school the professor of pathology translates the case history into Farsi and distributes mimeographed copies to the students for his clinicopathological conference.

Early in 1967 the third volume of collected CPC's in a special field was published by Little, Brown and Company; it is entitled *Bone and Joint Clinicopathological Conferences of the Massachusetts General Hospital,* edited by Dr. Castleman and Dr. J. Malcolm McNeill of the Department of Radiology. This book was dedicated to Dr. Ernest Amory Codman, "whose pioneering spirit and uncompromising efforts in the diagnosis and follow-up of patients with bone and joint disease admirably reflect the purpose of the Clinicopathological Conference". A fourth volume consisting of neurologic cases, edited by Dr. Castleman and Dr. Edward P. Richardson, Jr. is now in press. The first volume, a collection of medical cases was published

in 1961, and the second collection of surgical cases, in 1964.

In September Dr. Robert E. Scully served as Chairman of a World Health Organization Committee on the Histopathological Nomenclature and Classification of Ovarian Tumors, at the International Reference Center for Ovarian Tumors in Leningrad. The Committee was composed of seven pathologists representing in addition to the United States, France, England, Brazil, Poland, Russia and Denmark. The Committee on Ovarian Tumors is one of over a dozen established by the World Health Organization for the purpose of adopting an internationally acceptable classification and nomenclature for neoplasms of various types. The ultimate goal of the committees is to prepare monographs with accompanying photomicrographs and transparencies to be circulated to pathologists throughout the world. Their intent is also to establish tumor pathology training centers for pathologists in various countries.

Because of his interest in the histochemical aspects of the endocrine glands, Dr. Richard B. Cohen was appointed a Consultant to the Worcester Foundation. This led to his joining a group of consultants who visited the University of Chile Medical School in Santiago in July in an effort to establish a project to study the effect on the human ovary and endometrium of a variety of oral contraceptive steroids.

Dr. Wallace H. Clark's electronmicroscopic studies have been directed toward accumulating evidence regarding the abnormal formation of melanin by the malignant melanocyte. He has shown that the large epithelioid melanoma cell of superficial spreading malignant melanoma forms melanin in a distinctively different structural way than does the normal epidermal melanocyte. He has further found that the melanosome, used as a cytogenetic marker, indicates that a given tumor nodule may contain more than one type of melanoma cell. Fine structural studies of the melanocyte have suggested that the combination of sunlight and topical psoralens may be a specific epidermalanocytic mitogen. In addition, he has found some evidence that the normal human epidermal melanocyte and the normal human hair melanocyte may differ in their methods of forming melanin.

In the immunopathology field, Dr. Martin H. Flax has been studying the immune response at the cellular level, utilizing as

his model the local "extra-lymphoid" plasmacytic responses that follow intracorneal antigenic stimulation. He continues his studies on the immunopathologic changes associated with the rejection of organ transplants. Dr. Harold F. Dvorak has rejoined this group after two years at the National Institutes of Health. His experience in enzymology and protein chemistry will be very valuable as he continues his earlier studies on the mechanism of immunologic tolerance.

Dr. Karoly Balogh, who is both assistant pathologist at the MGH and Director of the Otolaryngological Pathology Laboratory at the Massachusetts Eye and Ear Infirmary, has continued his studies on oxidizing enzymes, directing more of his attention to the inner ear. His main goal has been to correlate structural changes with function in the inner ear of humans as well as experimental animals. A major effort has been localization of the effects of ototoxic drugs, such as dihydrostreptomycin, Kanamycin and salicylates on the inner ear and the elucidation of the mechanisms by which clinically evident changes are caused by these drugs. Another problem of great interest to him has been the efferent innervation of the inner ear. By developing a decalcification technic that permits histochemical localization of enzyme activity in human temporal bones, he has been able to study the distribution of efferent nerve fibers by virtue of their strong acetylcholinesterase content. The results of these studies have important neurophysiologic implications.

Dr. James B. Caulfield has expanded his studies on the abnormal elastic tissue that he first observed in the dermis and small vessels of young patients with diabetes. He has found a high incidence of myocardial infarction in diabetic patients with severe elastic changes, in contrast to their absence in non-diabetic patients with myocardial infarction. Also under active investigation is the assumption that in diabetes the presence of pyrimidine metabolism is abnormal, resulting in an increased amount of glycoprotein in vascular basement membranes. To this end rats and mice have been fed a diet containing uracil, with the development of glomerulosclerosis resembling the diffuse glomerular lesion seen in human diabetic subjects. The liver and kidneys of these animals were found to contain an increased amount of ethanol insoluble glycoprotein which is

associated with a rapid and increased conversion of uracil to uridine diphospho-N-acetyl hexosamine, a precursor of the glycoprotein of basement membranes. The initial assumption that the chronic administration of uracil would be associated with increased deposition of glycoprotein in basement membrane has been borne out morphologically, and the biochemical data to date are consistent with that hypothesis. As this work progresses altered pyrimidine metabolism will be searched for in human diabetics.

Dr. Barbara Sanford is proceeding with immunogenetic studies using skin and tumor transplantation in mice. Evidence was obtained and reported indicating that F1 hybrid mice can respond immunologically to a parental line tumor. In another study it was found that neuraminidase treatment can alter acceptance of tumor transplants, suggesting a masking of tumor antigens by sialomucin. A pilot study on the effects of immunosuppression on the induction of tumors by radiation was undertaken with Prof. Henry I. Kohn of Harvard University. She has also continued the investigation of hair growth cycles during transplantation in collaboration with Prof. Herman B. Chase of Brown University.

Using improved freeze-cleave and freeze-etch technics at the ultrastructural level Dr. Ronald Weinstein has discovered a novel particulate component that partially covers the inner and outer surfaces of the red-cell plasma membrane. These particles are also present on red-cell ghost membranes and a variety of other metabolically active membranes and may represent multienzyme complexes. Relatively inert membranes such as myelin were found to be free of these particles, as were artificial membranes prepared from brain phospholipids. Dr. Gerald Nash and Dr. Weinstein adapted freeze-cleave technics to the study of the lung to permit study of the surface topography at a cell-membrane-gas interface. The freeze-cleave method of tissue preparation for electron microscopy proved to be uniquely suited to the study of the lung because it enables vast areas of the alveolar sac wall to be visualized in a remarkable three-dimensional relief in single preparations. Thin, smooth layers of material, free of membrane-associated particles, were found lining areas of the alveolar sac wall. These layers may be re-

lated to "surfactant", a lipoprotein that other investigators, on the basis of indirect evidence, have suggested may line alveolar sacs and account for their low surface tension. With Dr. Roger Williams, current efforts are being directed toward further improvement in the resolution attainable with freeze-cleave technics and toward the establishment of chemical identity of the novel membrane-associated particles.

Dr. S. Irwin Roth received an American Cancer Society Faculty Research Associateship to continue his work for five years on the control of secretion of the parathyroid glands and the control of synthesis of epidermal and pilar specialized proteins.

In 1967 the Cytology Laboratory processed and examined a record number of specimens, 19,530, of which 15,391 were gynecologic. The Boston School of Cytotechnology, in which the Massachusetts General Hospital Cytology Laboratory participates in combination with six other Boston hospitals, admitted its first class of thirteen students at the end of June 1967. The cervical Cancer Detection Project, begun in July, 1966, under a grant from the Cancer Control Branch of the U. S. Public Health Service, expanded in July 1967 to include patients seen in the clinics as well as in-patients.

The past year was also a record year for the Cytogenetics Laboratory under the direction of Dr. Leonard Atkins. A total of 551 specimens obtained from 506 patients was processed. Abnormal karyotypes were found in 26.1 percent of the cases; there were 16.6 percent with abnormal karyotypes exclusive of trisomy-21 mongoloid. Of considerable importance was the discovery of defective immunoglobulin A synthesis in two patients, with deletion of a portion of chromosome Number 18. One of those patients had loss of a portion of the long arm of this chromosome; the other had a ring chromosome replacing a normal Number 18. Dr. Atkins observed in the formation of a ring chromosome that some chromosome material is lost from both the short and the long arms. This finding suggests that the locus responsible for IgA synthesis lies on the long arm of chromosome Number 18. Other research activities in his laboratory included continuation of cytogenetic studies of various species of lizards as well as examination of avian chromosomes.

The Charles S. Kubik Laboratory for Neuropathology under

the direction of Dr. Edward P. Richardson, Jr., has continued to serve as a center for special training in neuropathology and has been the recipient of a renewal award from the National Institute of Neurological Diseases and Blindness to assist in its program. Residents in neurology and pathology obtain experience in neuropathology in this Laboratory and each year there is at least one trainee planning on a career in neuropathology. Dr. Virgilio Sangalang and Dr. Jean J. Rubeiz have completed their training in neuropathology here and have been appointed respectively to the Faculties at Dalhousie University in Halifax and the American University at Beirut, Lebanon. The recent investigative studies have included cerebral degenerative disease, the pathogenesis of diabetic neuropathy, cyto-architectural studies of syndrome associated with mental retardation, myotonia and inflammatory cerebrovascular disease. The focus of the work of the Laboratory is still the correlation of clinical phenomena with the evidences of disease in the nervous system as disclosed by the study of post-mortem and surgical specimens, using a considerable number of technics. The Laboratory is in an especially fortunate position in this regard, having at its disposal a wealth of clinically well studied cases, the facilities to work out in detail the anatomy of lesions and the active interest and help of colleagues in quantitative chemistry, histochemistry, virology and electron microscopy. Dr. Richardson is now Chairman of Neurological Science Research Training Committee B of the National Institute of Neurological Diseases and Blindness.

The statistics of the diagnostic examinations are as follows:

	1966			*1967*		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	919	271	1,190	864	228	1,092
Autopsy percentage	62.3%			64.3%		
Surgical specimens	15,095	1,880	16,975	14,887	1,904	16,791
Microscopic preparations			92,059			106,458
Cytological specimens	8,883	8,933	17,816	9,542	9,988	19,530
Cytogenetics specimens	251	130	381	296	255	551

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Hall-Mercer Hospital

ALTHOUGH the Hall-Mercer Hospital exists as a separate unit in the Massachusetts General Hospital, in order to facilitate clinical service, research and teaching it is integrated with the staff and function of the Psychiatric Service. During the past year a number of patients were treated in the Hall-Mercer Hospital. The careful study that hospitalization allowed would not have been possible without the support of Hall-Mercer funds.

A Study of Short Term Psychotherapy

During 1967, a controlled research study of Short Term Anxiety-Provoking Psychotherapy, conducted by Dr. Peter Sifneos, was terminated. Preliminary follow-up observations of experimental and control patients having received this type of Psychotherapy demonstrated that in the majority of 71 patients (35 experimental; 36 control) Self-esteem was increased and new adaptive attitudes and self-understanding developed. It appeared that psychodynamic changes during Psychotherapy were the result of learning new ways to handle emotional conflicts. A process of problem solving was set into motion. This method was utilized to solve new problems long after the treatment had terminated.

Studies on Patients with Implanted Electrodes

Dr. Frank Ervin has continued his investigation with the Neurosurgery Service in the use of implanted electrodes as a tool for investigating and treating pain. Preliminary findings that chronic intermittent stimulation can give relief of pain and elevation of mood are being extended to certain mental illnesses.

Computer Studies

Dr. Michael T. McGuire has been engaged in a series of experiments which study dyadic communication. Research has attempted to throw some light on the complex linguistic rules which guide and limit two-person communication. Studies thus

far have used two-person/two-teletype, person/time-shared computer, and person-person communication systems. Several studies have revealed the existence and the effects of these rules. It now appears that in any given society complex language behavior and meaning rules are learned, quickly cued and guide most conversations. It also appears that the way individuals interpret verbal behavior may be predicted on the basis of the immediately previous operant rule set. The implications of these findings extend far beyond psychiatry to educational and political practices.

Studies on Alcoholism

The program under Dr. Jack H. Mendelson that had been supported by Hall-Mercer funds was completed during 1967. Dr. Mendelson has moved on to become the Chief of the National Center for Control and Prevention of Alcoholism.

Study in Teaching: Consultation Service

Dr. Thomas F. Dwyer continued to develop a program of teaching psychological medicine to the medical house officers. This program, which had been supported solely by the Hall-Mercer funds, received a National Institute of Mental Health training grant beginning July 1, 1967, allowing an expansion of the program which is still in the process of development.

On Tuesday, March 21, 1967, the Massachusetts General Division of the Hall-Mercer Hospital was host to their colleagues from Philadelphia. A program of brief presentations by members of both groups at Psychiatric Grand Rounds was followed by a luncheon.

LEON EISENBERG, M.D.
Chief Psychiatrist

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University

CANCER is a cunning and relentless foe of all men, stopping at no boundaries of race, political creed, nor social position. Although the molecular nature of the flow of information from gene down to completed enzyme is now rather well understood, the way in which regulation is imposed on the ordered growth of multicellular higher animals as contrasted to the unrestricted growth of single-celled bacteria is still largely a mystery. This is a key question to answer in seeking to solve the problem of cancer. In some way, it now appears, viruses which produce cancer in animals impair the action of normal regulators which keep the growth of the various types of cells in proper balance. Thus there is great purpose both in trying to discover the nature of normal growth regulators, and in endeavoring to determine how tumor viruses destroy their effectiveness.

While it is true that no human tumor (excluding warts) has been found as yet to be caused by a virus, it appears likely that certain human tumors will in the future be found to be viral in origin. Should this possibility become a reality, the prospect of successful treatment of certain human cancers would be remarkably brightened.

The major efforts of our laboratories are thus concerned with three critical fronts in cancer research: 1) the improvement of present chemotherapeutic methods based on existing knowledge; 2) the search for unidentified regulators of normal growth; and 3) investigation of the mechanism of action of viruses in producing animal tumors. Details of progress in these areas are given below.

I. *Clinical Studies on Cancer*

The chemotherapy group (Drs. Aisenberg, Sohier, Rapoport, Carey and Kelley) has completed a study of vinblastine in ad-

vanced Hodgkin's disease which will appear in *Cancer* in 1968. This study indicates that vinblastine produces a higher percentage of remissions of longer duration than do the alkylating agents, despite being used as secondary chemotherapy. The methylhydrazine derivative procarbazine is also under study, and a high response rate has been observed in the 21 patients treated, though the remissions are of short duration.

Approximately 50 patients have been treated under new protocols for primary management of Hodgkin's disease. Stages I, II, and IIIA receive radiotherapy as their initial treatment, while Stages IIIB and IV are being treated with combined (quadruple) chemotherapy in selected cases. The Breast Cancer Clinic continues to study the response to new hormonal and chemotherapeutic agents, and indications for adrenalectomy are being evaluated. Cytosine arabinoside has been employed in combination with 6-mercaptopurine for the treatment of acute myelogenous leukemia in adults, and within the next few months, treatment of this disease with Daunomycin will be undertaken.

II. *Basic Immunological Investigations and Hodgkin's Disease*

Dr. Aisenberg's approach to the immune deficiency of Hodgkin's disease continues to be centered around the lymphocyte. With the aid of a Coulter Counter, size distribution plots are being made of purified blood lymphocyte preparations from normal controls and from immunologically deficient Hodgkin's patients. It is suspected that a selective loss of small lymphocytes occurs in patients with this disorder. He is also exploring methods to subdivide lymphocytes into several populations, by following the survival of labeled cells. Studies which are underway in the rabbit suggest that the technique of labeling with radioactive chromium may prove satisfactory.

Basic immunological studies in the mouse, employing Jerne's method for enumerating anti-sheep cell antibody-forming cells in agar continue to yield interesting information. When the drug cyclophosphamide is injected without sheep cells there is temporary immunological unreactivity and lymphoid depletion of the spleen, but specific tolerance is not induced. Recovery is largely complete at the end of two weeks and does not require the participation of the thymus. When cyclophosphamide is injected

together with sheep cells, two weeks after drug injection, tolerance is complete. In animals with intact thymuses, recovery from tolerance takes place over the ensuing 30-40 weeks, and is linear with time. Thymectomized mice recover only minimally from tolerance during the first ten weeks, and show no further improvement after this time.

III. *Studies on Chicken Leukemia Virus*

Dr. David Allen continues to study avian leucosis group-specific antigen isolated from avian myeloblastosis virus. This protein is an internal constituent of a large family of ribonucleic acid viruses which produce leukemia, lymphoma, and sarcoma in chickens. Thus this protein is likely the translation of a common gene present in this naturally occurring group of cancer viruses. Recently a similar internal component possessing group-specific antigenicity has been found in the mouse leukemia-sarcoma viruses. Hence the particular protein which is under study may have analogous counterparts in other leukemia viruses. For example, the group-specific antigens may be the capsid proteins surrounding the centrally placed RNA.

With the help of Dr. Michael Young of the Physical Chemistry Laboratory at the M.G.H., the molecular weight of the avian leucosis group specific antigen has been found to be 23,000, with uniformity of molecular size, and with no effect of concentration on apparent molecular weight. Amino acid analysis on automatic equipment in Dr. Edgar Haber's laboratory demonstrates a high content of dicarboxylic amino acids (presumably largely aminated) as well as considerable basic amino acids, alanine, and proline. Carboxpeptidase A treatment rapidly releases alanine in amounts equimolar to the amount of protein taken, suggesting that alanine is the C-terminal group. No N-terminal amino acid can be detected even under special conditions of reaction and hydrolysis suggesting that this terminus may be blocked and raising the possibility of a viral-specific polypeptide chain-initiating mechanism. Trypsinization of group-specific antigen protein yields approximately the correct number of peptides predicted from the molecular weight and from its arginine and lysine content and completely destroys its antigenicity.

IV. *Studies on Growth Regulation in Normal Tissues*

Broadly stated, the aim of this research under Drs. Nancy Bucher and Theodore Schrock is to elucidate mechanisms that regulate the growth of mammalian tissues. The specific system under investigation is rat liver, induced to regenerate by partial hepatectomy. Excision of approximately two-thirds of this organ is well tolerated and causes, after a half-day lag, a burst of proliferative activity in the normally non-dividing liver cells. During the transition between the extremes of non-growth and active cell reproduction the controlled progression of changes that occur can be examined and possible regulatory influences sought both within the liver itself, and in the chemistry and dynamics of flow of the incoming blood. Within the liver an early and probably important event in the regenerative process is a rise in rate of ribonucleic acid synthesis (RNA), which is being studied in detail along with changes that occur in its precursor nucleotide pools. The rate appears to increase by 1.5-2-fold between 3-6 hours after hepatectomy, the response being affected somewhat by the nutritional state of the animal. Of even greater significance may be recently reported changes in the quality of the new-formed RNA, and Dr. Bucher has therefore begun to explore techniques for detecting subtle changes in the kinds of RNA being synthesized. Further, in an effort to find what triggers the regenerative response she has carried out cross circulation studies between normal and partially hepatectomized rats via polyethylene cannulas. ^{14}C-Thymidine incorporation into hepatic DNA — an index of proliferative activity — was stimulated in normal partners when a flow rate of about 2 ml per minute was maintained for 19 hours. Cross circulation for 7 hours or less was ineffective. The response was dose related: labeling was not increased in normal partners of 34% hepatectomized rats as compared with members of normal pairs, whereas it was increased 3-fold in partners of 68%-hepatectomized rats, and more than 7-fold in partners of 85%-hepatectomized rats. These results strongly support the somewhat controversial concept of a humoral mechanism and open the way for exciting new ways of attacking the problem.

V. *Steroid Hormones and their Role in Growth Regulation*

The Endocrine Division under Dr. Lewis Engel, with Drs.

James Orr, Harry Karavolas, Rosemary Schraer and Wilma Summers continues to place its main emphasis on studies of the mechanism of action of steroid hormones, and the pathways of steroid metabolism in normal and abnormal tissue.

Studies on the transformations of ^{14}C-progesterone and ^{3}H-pregnenolone by biopsy tissue taken from a male patient with impaired testicular function are now ended. It was found that of the carrier steroid added, only 17-hydroxypregnenolone and 17-hydroxyprogesterone contained appreciable radioactivity. The progesterone was found to be significantly labeled with tritium. The path ways open under the incubation conditions were thus 17-hydroxylation, and 3-hydroxysteroid dehydrogenation. None of the androgenic C_{19} steroids were significantly labeled.

The metabolism of mevalonic acid by hog adrenal tissue has been shown to give squalene, and a terpene alcohol. With the aid of combined gas-liquid chromatography mass spectrometry this has been identified as geranyl-geraniol.

Dr. Karavolas has examined in greater detail the two estrogen-sensitive transhydrogenation systems of human placenta. The substrate-mediated transhydrogenation has been shown to be distinct in character from the estradiol-dependent transhydrogenase. During its activation of the estradiol-dependent transhydrogenase, 17 α-deuterioestradiol did not lose its deuterium atom, thereby indicating that its activity is quite independent of any mechanism requiring the oxidation-reduction of the steroid 17-position. This is supported by the observation of enhancement of estradiol-dependent transhydrogenase activity by diethylstilbestrol which is not capable of reduction-oxidation under usual conditions and by the fact that estrone does not activate this estradiol-dependent transhydrogenase.

The use of the combined gas-liquid chromatography mass spectrometry has enabled Drs. Orr and Engel to examine the pathways of steroid metabolism starting with non-radioactive compounds containing deuterium as the label. The incorporation of deuterium into the dehydroisoandrosterone molecule has been effected by the acid-catalyzed opening of the steroid 3,5-cycloandrost-6-ene-17-one molecule by deuterated sulfuric acid in a mixture of deuterium oxide and organic solvents. The deuterium atom has been shown to be incorporated at the 7-position and

to have entered 50% from the α-side of the molecule and 50% from the β-side. In order to determine this, it was necessary to effect removal of the 7α-hydrogen atom of the derived androst-4-ene-3,17-dione with chloranil. The stereochemistry of this reaction, which was previously not well established, has been confirmed, using authentic 7β-deuterioandrost-4-ene-3,17-dione.

VI. *Studies on Somatic Cell Genetics*

Hybrids between cells lacking inosinic acid pyrophosphorylase and others lacking thymidine kinase have been studied karyologically by Dr. John Littlefield to demonstrate their hybrid nature. In contrast to previous preliminary data, the karyotype of the kinase-deficient sublines is not characteristic; nonetheless the subline used for hybridization contained three large metacentric chromosomes per cell, while the pyrophosphorylase-deficient subline described above contained one such. The hybrid clones studied in detail contain four large metacentric chromosomes, as expected.

One hybrid clone has been used to study the frequency of loss of the morphological transformation induced in these cells by polyoma virus. Hybrid cells are known to lose chromosomes gradually. Occasionally the loss may represent the chromosome containing the pyrophosphorylase gene, making the cell resistant to 6-thioguanine; such cells can be selected with 6-thioguanine from the hybrid population. They might be expected to have lost other chromosomes as well, including in polyoma-transformed cells the chromosome on which virus is located. Thus it was found that 6-thioguanine-resistant variants in cultures of the hybrid cell transformed with polyoma have a lower chromosome number than most of the hybrid cells, and indeed have sometimes regained normal morphology, in contrast to unselected clones of the hybrid culture.

In other experiments with hybrid cells, Dr. Littlefield has continued efforts to provoke the loss of chromosomes, ideally to obtain a tetrapolar (reductive) division, through which cell hybridization might become a method for genetic analysis. It may be recalled that aberration in chromosomal behavior during cell division is a very frequent and unexplained characteristic of the cancer cell. Among a number of agents which might be

useful, he has been led from the literature and correspondence to investigate particularly colchicine, mercaptoethanol, and X-irradiation, each of which has been shown to produce tetrapolar mitoses in certain systems. With selective markers it should be possible to detect very rare tetrapolar divisions. But in a number of experiments last winter Dr. Littlefield found no evidence that these agents (in various concentrations and for various durations of exposure) could provoke chromosome loss. Single experiments with mitomycin, p-fluorophenylalanine, or 5-bromodeoxyuridine were unsuccessful also. The potential of such a method makes further attempts important, however, as in sea urchin eggs exposed to mercaptoethanol, it may be necessary to add the agent at a certain moment during the growth cycle, and Dr. Littlefield is looking into this possibility.

VII. *The Ribosome and Protein Synthesis*

The ribosome has long been known to play a role in the synthesis of protein in the cell. Little, however, is known about either the structure of this important organelle or the mechanism by which its functions are accomplished. A puzzling aspect of the function of normal mammalian cells is the relatively high rate of destruction and replacement of ribosomes. In tumor cells, on the other hand, the ribosomes are apparently stable, once formed. In collaboration with our former colleague, Professor Roger Monier of Marseilles, Dr. Scott set out this year to develop a system for *in vitro* protein synthesis which could be made dependent on the presence of a new species of RNA, the 5S RNA, discovered by Dr. Monier, which forms a structural part of the ribosome.

With the Marseilles group, Dr. Scott explored methods for the purification of 5S RNA and discovered that, as isolated from bacteria by the direct extraction of frozen cells with phenol, the 5S RNA which had been purified to yield a homogenous peak on Sephadex G-100 filtration would, in the presence of 7 M urea at a pH of 8.9, dissociate on gel electrophoresis into the parent molecule and two smaller fragments. He was also able to improve the system of reconstitution of ribosomes dissociated by treatment with 2 M LiCl so that it could be used as an assay to test the effects of modification of the 5S RNA on

its ability to recombine with the dissociated ribosomal proteins and the LiCl "cores."

Certain 3-dimensional models for tRNA suggest that the aminoacyl group may be relatively free on the one hand, or on the other hand, relatively restricted by the bulk of the tRNA molecule to which it is appended. Previous work in this laboratory has produced evidence for a conformational change in the tRNA following aminoacylation (Sarin and Zamecnik). Dr. Schofield has approached the question of the freedom of the activated amino acid by means of the extremely sensitive technique of electron spin resonance. The data obtained so far suggest that in the cases studied (Val-tRNA and Ph-tRNA from *E. coli*), there exists a definite restriction of the freedom of motion of amino acid attached to the tRNA.

VIII. *Studies on Regulation of Protein Synthesis*

Great insight into the mechanism of regulation of growth, at the molecular level, came from the inspiration of Jacob and Monod at the Institut Pasteur, Paris, a few years ago. These investigators showed that genes not only contained the blueprints for constructing enzymes, but also signals for starting and halting their synthesis. In the ensuing years it has become clear, however, that growth regulation is not an exclusive property of the gene. In more precise terminology, regulation is being observed to occur not only at the replicative (DNA) level, but also at the transcriptional (RNA) and translational (activation-recognition-ribosomal) levels. We have long been interested in this translational level regulation of protein synthesis, and in the possibility of its defectiveness in the tumor cell. There are three points at which regulation may possibly be imposed in the progress of transformation of free amino acids into the completed protein molecule: 1) at the activation step, at which an amino acid is raised to a high energetic level by interaction with an enzyme and ATP; 2) at the recognition step, where the activated amino acid becomes attached to its own transfer RNA, which, like a seeing eye dog, takes the activated amino acid to the proper site on the messenger RNA of the ribosome; where 3) the actual sequential coding of the peptide chain occurs. In years past these laboratories were priv-

ileged to help open up the investigative areas which these three points embrace. The time is currently appropriate to ask how these steps in protein synthesis are turned on and off. Why does a tumor cell continue to synthesize protein and to grow irrespective of the needs of the total animal of which it is a part? Drs. Mary L. Stephenson, Louis Shuster, Robin Marshall, and Peter Bloemers have been conscious of this question, and have been engaged in purification of the activating enzymes and transfer RNA's involved in this problem at its molecular level. Drs. Kurt and Erika Randerath have devised new and sensitive methods for analyzing the nucleotide composition of transfer RNA. Sometime, one hopes, this underground river of new information on the basic machinery of growth will surface and nourish the clinical investigation of cancer chemotherapy.

Two of our valued colleages have left the laboratories this year — Dr. Barbara Wright to become a senior member of the Retina Foundation, and Dr. Charles McKhann to become Professor of Surgery at the University of Minnesota. In the latter instance, this flourishing tie with the Department of Surgery will once again face the necessity of renewal from a modest beginning. Its present success was simply too great, and Dr. McKhann has been snatched away to occupy an illustrious position elsewhere, a situation for which we are both proud and sad.

Summary

Over a decade has now elapsed since a post-war blush of confidence spread over the field of cancer investigation. The analogy with the development of the atom bomb has proven inappropriate and has highlighted the difference between exploitation of existing knowledge and the unearthing of the new information itself. The insight necessary for solution of the cancer problem is fortunately accumulating steadily; how soon a solution will come remains an unanswerable question.

Paul C. Zamecnik, M.D.
Director

Report of the Coordinating Committee

THE Coordinating Committee was created on January 30, 1952, on the recommendation of the Ladies' Visiting Committee and with the approval of the Board of Trustees. The Committee was established to function under the sponsorship of the Administration and is similar to the Administrative Committee of the General Administration. At present the member groups are the Ladies' Visiting Committee of the Massachusetts General Hospital, the M.G.H. Service League, the Distaff Club, the Board of Managers of the Vincent Memorial Hospital, the McLean Hospital Auxiliary and Volunteers, and the Ladies Visiting Committee of the Massachusetts Eye and Ear Infirmary.

During its sixteen years of existence, the Committee has undergone several organizational changes designed to make it more effective as a channel of communication between the groups and the Administration, as well as among the groups. In its early years it was chaired by the General Director, and for a short time by chairmen of the member groups rotating each year.

Another milestone in the development of the Committee was reached on February 16, 1967, with the announcement of the appointment of Mrs. R. Morton Claflin by Mr. John E. Lawrence, Chairman of the Board of Trustees, to act as Chairman of the Coordinating Committee, and to work in the field between organizations, hopefully to strengthen the member groups and their joint effectiveness and thus develop multiple strengths through coordination and communication. Dr. Ellsworth T. Neumann, who has been presiding at the meetings of the Coordinating Committee since October 25, 1961, will continue to attend the Coordinating Committee meetings, and review Hospital activities for the members.

The Reports of the M.G.H. member groups of the Coordinating Committee appear below for the Ladies' Visiting Committee of the Massachusetts General Hospital, the M.G.H. Service League, and the Distaff Club.

MRS. NELSON W. ALDRICH, CHAIRMAN, PRESENTS THE FOLLOWING REPORT FOR THE LADIES' VISITING COMMITTEE:

The Ladies' Visiting Committee has completed its 99th year of being a part of the Massachusetts General Hospital. The Committee as a whole is divided into smaller committees which carry out the total work for which it is responsible.

Under Mrs. Taylor Black's devoted and able care the Ward Visiting Committee has given its attention and support to those in need. Mrs. Black is stepping down after four years and we are all most grateful to her. We welcome Mrs. George L. Blackman as Chairman of this most important Committee. The same personal attention and care are carried on by Mrs. Ross E. Sherbrooke and her committee in the Burnham Memorial where the need for motherly visiting is very great.

Mrs. Frederick Deane devoted herself to her work with Chaplain Reed and the Chapel, and most important she keeps us in touch with the program for pastoral care.

We continue under Mrs. Harvey Spencer's faithful direction to serve coffee each day to the patients being admitted to the Baker Memorial — a service heavily depended upon by both the patients and the Staff.

The Coffee Shop under Mrs. Karl Riemer's constant and devoted attention continues to be almost too great a success. It is hard to realize that a mere three years ago it did not exist, it has become such an important part of the Hospital.

Mrs. Sewall Fessenden's interest and enthusiasm have brought her the affection and gratitude of the Distaff Club. This committee for hospitality for these young wives has filled a great need and is surely here to stay.

The Store Committee has coped heroically with the sales tax and the loss of income due to the ban on cigarette sales. Miss Anna P. Revere and Mrs. Francis C. Gray deserve our heartfelt thanks and appreciation for the work they do. And Mrs. Eustis Walcott sees to the extension of the Store to the wards with the Traveling Store — a bright spot in the day for many a patient.

The 1967 financial report of The General Store, which is operated for the benefit of the Hospital, is submitted by Mrs. Francis C. Gray, as follows:

Balance on Hand — December 31, 1966		$ 33,279.19
Cash Receipts		90,344.85
Total		$123,624.04
Expenses:		
Salaries: (Includes Pension, Social Security, Workman Compensation)	$ 20,184.52	
Stock Purchased	56,445.73	
Utilities Charge	137.63	
Miscellaneous (Inc. Mass. Sales Tax)	1,866.40	
Total Expense		$ 78,634.28
		$ 44,989.76
Paid to Ladies' Visiting Committee		10,000.00
Balance on Hand December 31, 1967		$ 34,989.76

SUMMARY

Receipts	$ 90,344.85	
Expenses	78,634.28	
Cash Gain	$ 11,710.57	
Increase in Inventory	32.00	
Operating Gain for 1967	$ 11,742.57	
Value of Inventory December 31, 1967		$ 6,593.00

Our Christmas Committee under Mrs. William S. Stout, with the invaluable assistance of Miss Marjorie Shea, Consultant for Community Relations, gave happiness and cheer to patients and staff alike during the holiday season, as did the gay decorations in the lobbies arranged by Mrs. Albert Goodhue and Mrs. Ducey Ryerson. The caroling on the floors throughout the Hospital is a particular source of pleasure for everyone and we are very grateful to the groups from Garland Jr. College, the Winsor School, Milton Academy, Beaver Country Day School, and the New England Conservatory.

It is easy to take pleasant surroundings for granted. To imagine the Hospital without plants, flowers and pictures is impossible, and we are all most grateful to Mrs. Charles Almy, Mrs.

George R. Brown, Mrs. Peter Hunsaker and others for the flowers provided, and to Mrs. W. G. Constable for our ever expanding art gallery.

Mrs. William J. Mixter, Jr., represented the Ladies' Visiting Committee at the Massachusetts Hospital Association Annual Meeting in Boston in March, and at the American Hospital Association Meeting in Chicago in August. Her reports on these meetings were most interesting and perceptive.

Mrs. R. Morton Claflin has been appointed Chairman of the Coordinating Committee and under her leadership we look forward to a closer relationship with other groups in the Hospital. We made a happy step in this direction as guests of the Ladies Committee of the Massachusetts Eye and Ear Infirmary at an interesting and informative meeting in May.

We were happy to have a part in the opening of the new Patient Activities Center in the Clinics Building by our contribution for the purchase of supplies.

To Dr. John Knowles, Dr. G. Octo Barnett, Dr. Vernon Mark, Dr. Jan Stevens and Mr. Henry Murphy, our grateful thanks is expressed for the time given to speaking to us. To know of some of the hopes and plans of the Hospital, as well as some of its accomplishments, is a privilege and is of the greatest value and interest to us all.

We were all greatly saddened by the death of Mrs. Edwin C. Cave, a devoted member of the Ladies' Visiting Committee for thirty-three years.

We accepted with regret the resignations of Mrs. Walter Anstey and Mrs. Lawrence Whittemore both of whom moved away. We welcomed three new members, Mrs. Paul G. Russell, Mrs. Thomas Whitney and Mrs. Ezra F. Stevens; and we welcome as honorary members Mrs. Richard Danielson and Miss Betty Dumaine.

Finally, I wish to express the appreciation and thanks of us all to our retiring officers, Mrs. William J. Mixter, Jr., and Mrs. George L. Blackman who served for seven years as a most exceptional Secretary. We welcome Mrs. William O. Taylor as Secretary and Mrs. Herbert C. Cornuelle as Treasurer.

Report of the Coffee Shop

THE M.G.H. Coffee Shop is completing its third year of operation in excellent condition and most certainly fulfilling its primary purpose of service to the Hospital, its patients, visitors and staff.

We are extremely grateful to 50 loyal and hard working volunteers who have given over 4,200 hours of service in the Coffee Shop from October 1966 through September 1967. It is interesting to note that many of these ladies are from the original volunteer group of 1964. Of our present group, 16 are Ladies' Visiting Committee members, 19 from the Service League and a few who represent both organizations. We average 25 to 30 volunteers each month and seven or eight daily. These ladies are responsible for much of the Shop's success through their courtesy, gracious manner and assistance to those in need of aid.

The Coffee Shop is open five days a week from 10:00 to 8:00 o'clock. The customer count from October 1966 through September 1967 was over 300,000. Financially we appear to be in a sound position and have been well able to repay the M.G.H. $10,000 annually of the original loan from the Hospital Trustees.

We are most fortunate in having an excellent professional staff. They are exceptional and have been especially so during recent managerial changes. Their loyalty, understanding and cooperation are outstanding. They are a wonderful group to work with, which results in a close bond between them and the volunteers.

We are most appreciative of the superb job being done by Miss Louise Hatch and Miss Verna Davis of the M.G.H. Dietary Department who temporarily ran the Coffee Shop until a new manager was hired.

I would like to thank the Volunteer Department for assisting us when extra help was needed, and for providing us with wonderful student volunteers during the summer months.

Working with the Coffee Shop Committee, our own professional staff, our volunteers and the Hospital Administration makes this job a most interesting and rewarding one.

LOUISE REIMER
Chairman

MRS. LAURENCE L. ROBBINS, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE MASSACHUSETTS GENERAL HOSPITAL SERVICE LEAGUE:

The membership of the Service League currently numbers 509, including 68 new members. Of these, 175 women are actively participating in our projects, and 65 members are working in more than one area of service.

The Reception Center continues to welcome all international visitors who come to the Massachusetts General Hospital to train, do research, or to observe. Mrs. Milton Wasby reports that during the year 95 visitors, representing 30 countries, were registered at the Center. The number of our visitors must be multiplied many times to present an accurate picture, as a large percentage of the doctors are accompanied by their families. Mrs. William Quimby received requests for assistance in finding housing from 74 of these 95 visitors. The housing situation, never an easy one, has been made increasingly difficult by ever higher rentals and a diminishing number of furnished accommodations. One result of this sitaution has been a growing demand for assistance from our Furniture Exchange which is located at McLean Hospital. Happily, Mrs. Donald Fern has been able to meet these demands as a result of the generosity of the Massachusetts General Hospital in donating their discarded furniture to our Furniture Exchange. A sale of unwanted furniture is held four times a year, and the proceeds of these sales are channeled back into the Furniture Exchange to be used for the purchase of needed items.

A constant source of pleasure for our visitors has been tickets for Boston Symphony, theatrical performances and other forms of entertainment which we have been able to offer them. Mrs. Milford Schulz reports that the number of tickets that were received and distributed this past year was 222, of which 108 were Symphony tickets. When it is impossible to place a Boston Symphony ticket, it is turned in to the Pension Fund of the Boston Symphony Orchestra. The majority of the tickets come to us from the Ladies' Visiting Committee, and the rest from staff members and other friends of the Hospital.

Concurrent with these larger functions, the Reception Center was able to offer help in obtaining language lessons, names of

baby-sitters, moving companies, appliance services, etc., to our visitors. The work of the Reception Center was handled by twenty-five volunteers who worked 1,250 hours.

In addition to helping with the more immediate needs of the visitors, Mrs. William Harris has endeavored to arrange a variety of social gatherings at which they are entertained in the American way. Mrs. Donald Pierce was chairman of a tea last fall which was held for the international visitors to meet members of the Massachusetts General Hospital staff. A dinner party was given at the home of Dr. and Mrs. Elias Dow for all single visitors or those alone in this country. A picnic was held last spring at the home of Dr. and Mrs. Bradford Cannon for all visitors and their families and the Distaff Club and their families. Teas have been arranged throughout the Boston area for the visitors' wives and children, and equally numerous beach trips are planned for them during the summer months.

Because of the Hospital building program, there were only five Chapel Concerts last year, beginning on March 1, 1967 and ending on April 26, 1967. The average audience per concert was approximately fifty persons; the patient segment of the audience averaged twenty-three people. Of the sixteen volunteers working on this project, nine were staff wives.

A report of the Massachusetts General Hospital Coffee Shop, which is a joint effort of the Service League and the Ladies' Visiting Committee, is included in the Report of the Coordinating Committee.

Under the able direction of Mrs. Francis Ingersoll, many Service League members, on a regularly scheduled basis, help to lessen the unavoidable confusion and anxiety experienced by 226,206 Massachusetts General Hospital and Massachusetts Eye and Ear Infirmary Clinics patients and their families yearly. The information desk in the Surgical-Gynecological area continues to assist patients and visitors. An average of fourteen workers per month have given 982 hours on 226 Clinics days to aid 20,047 people. The elevator area desk, which is jointly staffed by Service League workers and volunteers from the Massachusetts Eye and Ear Infirmary, has, in its first year of established service, been of help to 7,530 people; the work was

handled by nine workers serving 331 hours over a period of 139 days.

Hospitality and information have been dispensed in the Clinics Admitting area, under the guidance of a Service League member, by seventeen Service League members and four ladies from the Massachusetts Eye and Ear Infirmary plus summer Juniors and Saturday Juniors from the Massachusetts Eye and Ear Infirmary. This group worked 1,466 hours over a period of 165 days.

A carefully oriented team of Service League workers offer hospitality and information to an average of thirty patients and their families regularly in the Amputation Clinic, and also to patients and their families during Amputation Rounds. In mid-March a new unit called the Patient Activities Center was organized, under the auspices of the Social Service Department, to provide recreational, diversional and supportive services to any interested patients. For example, 110 hours of service were contributed by Service League members over a three month period. The information desk in the White Building corridor, under the direction of Mrs. John Cass, continues to function with a staff of workers from our organization and from the Massachusetts General Hospital Volunteer Department; for many of them, it is the third or fourth year in service. The daily average number of people requiring information is 45-50 in the morning and increases to 65-70 in the afternoon.

Our one means of mass communication within our membership is the "Bulletin" which is compiled and published three times each year by Mrs. John Head and Mrs. Avery Weisman. In this manner all of our members are able to keep in touch with our activities and achievements during the current year.

The scope of the activities of the Service League expands each year and, hopefully, these activities will keep pace with the ever continuing growth of Massachusetts General Hospital.

MRS. JAMES MCFARLAND, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE DISTAFF CLUB:

The Distaff Club is composed of the wives of the House Officers and Fellows and interested women House Officers at the Massachusetts General Hospital, Massachusetts Eye and

Ear Infirmary, and McLean Hospital. It is primarily a social organization designed to provide opportunities for House Staff wives to become better acquainted with one another as they meet to pursue common interests, participate in service projects, and attend meetings and social activities planned by the Club.

This report covers the period from October 1, 1966 to September 30, 1967, and, therefore, covers the work and activities of two executive boards. Officers are elected each year in April with the new board taking over in mid-May. Officers for 1966-1967 included Mrs. Tim Harrington, President; Mrs. Bryan Brewer, Vice-President; Mrs. Pere Owen, Secretary; Mrs. Richard Baringer, Directory Secretary; and Mrs. Mel Platt, Treasurer.

Meetings and social activities in the fall included a Potluck Supper held in October at the home of Dr. and Mrs. Mitchell Rabkin in Milton, and a luncheon at the Colonial Inn, and a tour of the Antiquarian House in Concord. A general meeting was held in November at Bartlett Hall with Mrs. Marlene McIlvaine from Exodus as speaker.

Winter and Spring social events were highlighted by Distaff's Christmas dance and late buffet. A skating and sledding party at Dr. and Mrs. John Raker's in Concord provided Distaffers and their husbands with winter fun, and in February our members enjoyed a wine and cheese-tasting party. March was a month for small group coffees in the individual areas, and in April over ninety Distaff members and their guests enjoyed a luncheon and fashion show at Anthony's Pier 4. The Spring Dinner Dance, a joint project of Distaff and the Service League was held in April at the Harvard Club. The Memorial Day Picnic at Dr. and Mrs. Bradford Cannon's gave Distaff families a delightful day outdoors, with pony rides, ice cream, balloons, and fun galore. Distaff also helped in the arrangements for MGH Night at Pops which many of our members and their husbands enjoyed.

Service projects undertaken by Distaff were the annual Halloween and Valentine parties given for the children in Burnham, and the gift wrapping of presents for the Hospital Children's Christmas Party. In the spring Mrs. Robert Moellering sent housing information to all incoming House Staff families

and, as Distaff Housing Chairman, operated a telephone service listing available rentals as a help to new families in their house hunting.

In May 1967 the new executive board took office. Elected were Mrs. James McFarland, President; Mrs. Richard Baringer, Vice-President; Mrs. Boyd Eaton, Secretary; Mrs. Lee Leak, Directory Secretary; and Mrs. William Shipley, Treasurer. By the end of May all incoming House Staff families had been sent letters of welcome which included updated copies of "Distaff Suggestions," noting places to shop and what to do in Boston, as well as lists of Distaff summer activities.

The July Tea at which Dr. and Mrs. John Knowles and the Distaff Club welcome newcomers to the MGH family marked the official beginning of the Club's activities for 1967-68. Our summer "Get Acquainted Program" included a picnic lunch for mothers and children at the home of Dr. and Mrs. John Raker, a trip to Wingaersheek Beach, and a tour of Drumlin Farm. July Welcome Coffees were held by the representatives of the different areas, and in August, area meetings were held to decide area projects for the year, particularly projects for the fall bazaar. In September Dr. Dexter Lawson showed slides taken during his tour of duty in Vietnam and told Distaffers and their husbands of his experiences there.

The Distaff Directory which included the names, addresses, and husbands' positions of over 450 Distaffers was issued at the end of August. *Distaff News,* the Club newsletter, is published quarterly to keep members informed of the Club's activities. It consists of the schedule of events, feature articles, notices of area activities such as book clubs, bridge groups, etc., and birth announcements.

Financial support for Distaff's programs, parties, and publications is provided by annual dues of $3.00. In 1966-67 there were approximately 150 dues-paying members. Additional funds were raised through the Bake Sale and Bazaar which brought in $484.43. A new cookbook, *Cook's Tour By the General,* plus additional sales of *Distaff Dishes,* the 1964 cookbook, added about $400 to the treasury. Distaff also received a gift of $200 from the Ladies' Visiting Committee. Because Distaff

had done so well financially, four high chairs were purchased for the Hospital dining room.

Distaff continues to fulfill its founders' purpose: "to enable the House Staff wives to become better acquainted with each other and with the Hospital"; and it provides a wide variety of activities in social, special interest, and service areas to accomplish this objective.

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

THIS has been a year of many changes, both at the M.G.H. and in the nursing profession as a whole, and the Advisory Council is fortunate in having had the opportunity to participate in the changing scene.

With deep regret we lost Miss Sleeper as Director of the School, but we gained Miss Petzold who has skilfully guided us in understanding the developing changes in nursing education. A fitting farewell to Miss Sleeper was provided by Mrs. Brace and Mrs. Fahnestock who invited past and present members of the Council to a luncheon honoring Miss Sleeper on November 3, at which a gift from the members was presented to her. In spite of our loss it was a festive occasion for all.

Graduation exercises were held on September 9 for 116 nurses; 87 from our standard program, the rest being the last to graduate from the Coordinated and Alternate programs, both of which have now closed. Fifty-seven percent of the class returned to work at M.G.H.—a smaller percentage than last year.

Two major areas of interest during the eight meetings held since September have been the changing curriculum of the School and the continuing concern over the future of diploma schools of nursing. The changes in curriculum and programming have been ably presented at Council meetings by faculty in charge of the areas affected, and the students have participated in evaluating the changes—a happy combination which has been stimulating and provocative.

Miss Hardeman, Coordinator of the 2nd and 3rd Year Programs and Miss Keeley, Chairman of Nursing Instruction in the Senior Year, presented the Senior changes which have aimed at more effective utilization of the skills learned during the first two years, and the development of insight and judgment required in responsible nursing. An increase in the Senior nursing faculty to seven plus a Coordinator has made possible more individualized instruction based on each student's needs and

abilities. This increase in staff has also relieved the Nursing Service of much of the responsibility for guiding, directing and evaluating students' progress.

The Maternity Nursing Program is another area of change, and Miss Nasser, Chairman of Maternity Nursing, and Miss Danko, Instructor, presented the philosophy and objectives of the Program as it is now being developed at Boston City Hospital. The experience differs from that previously provided at Boston Lying-In which has been the affiliate for 65 years. The differences are due primarily to the different economic status of the patients served, the great numbers of patients seen by the doctors, and the often limited family life experienced by the patients. The small number of students assigned to each instructor and the accessibility and generosity of staff doctors have offset some of the limitations.

Another change initiated by the Hospital in 1965 was a coordinating service carried through by the Transfer Office, which aims to bring closer cooperation between Nursing Service and the Social Service of the Hospital. Miss Eleanor Clark, Chief of the Social Service Department and Miss Joanne O'Brien, Supervisor of the Transfer Office, described this service which endeavors to provide total patient care. *Transfer* better describes this service than *Referral,* the term previously used, for the aim is to plan for continuing and comprehensive care. With the advent of Medicare the Hospital is at this time particularly concerned with up-grading the quality of care in nursing homes. Nursing schools must recognize the trend toward long term care with the majority of patients today in chronic hospitals or homes, and adjust their programs accordingly.

In her annual report, Miss Petzold commented on the critical lack of competent faculty in nursing schools throughout the country. The turnover at M.G.H. during the past year has been over 40%, but all positions have been filled except one, that of Assistant Director, which is urgently needed. The senior faculty members carry an extra load in orienting new faculty members; Nursing Service has helped by providing new faculty with staff nurse experience to assist as clinical instructors. This has been a mutually beneficial experience.

Recruiting students as well as faculty continues to be a problem, but the situation with regard to students has been much improved with the appointment of Mrs. Ryan by the UCS Nursing Council, who recruits students for nursing in public and private schools. She reported on this effective service and praised the Council for having been instrumental in creating the office which serves as a clearing house for various community agencies.

Changes in the McLean Hospital which is closing its School of Nursing have presented M.G.H. and other schools with the problem of how to provide Psychiatric Nursing experience for students in the future. At a meeting of the Trustees Committee of the School of Nursing, it was decided that the usual stipend given to Senior students be withheld, thus covering most of the cost of this change. Those schools wishing to use McLean facilities will have to provide their own faculty who will be resopnsible for developing and carrying out their program.

The other program facing M.G.H. is the status of the diploma school as a training source in view of the Position Paper of the American Nurses Association calling for the eventual transition of all nursing education into institutions of higher education.

Miss Petzold reported on a Kansas City meeting sponsored by the Steering Committee of the Department of Diploma Programs, National League for Nursing, chaired by Miss Sleeper. Attended by Directors of Hospital Schools and Hospital Administrators the meeting deplored the untimely and ill advised closing of some hospital schools of nursing and strongly urged that the quality of diploma schools be raised in order to meet the critical lack of nurses in the next few years. Over 100 hospital schools will have been phased out by the end of the year. A formal statement called for continuation of accredited diploma programs since they supply the majority of registered nurses, but added "unless and until other educational programs can supply the needs." This clause was viewed critically by many present. The meeting further stressed the importance of assessing nursing education needs in terms of community needs; that no national organization could determine what was best for a region or community. Discussion following this statement ex-

pressed the feeling that good diploma programs were not a matter of "unless or until", but "always".

At the annual National League for Nursing Conference held in May, Miss Petzold reported that discussion on this problem continued and it was also urged that more diploma school personnel be represented on NLN committees and in elected offices. It was also hoped that by means of "challenge" examinations credits for diploma school training may be obtained, thus making it easier for nursing students to continue their higher education. Three student nurses reported enthusiastically on their attendance at the Student Nurses' Convention held simultaneously with NLN. They returned with many plans for stimulating their fellow students to participate in their professional organization and to make better use of their potential strength.

The annual and always enjoyable luncheon meeting of the Council and faculty was held at Walcott House on March 28 at which Miss Lepper, Director of Nursing Service, gave a "state of the union" message on nursing service at M.G.H., presenting briefly the changes since 1946 when Miss Sleeper became Director of Nursing Service. Shortage of nurses then and now is a problem, complicated today by a shorter work week, less work by student nurses due to educational changes, more patients, more complicated treatments, and more specialized equipment. Greater interaction between professional personnel now occurs, and a successful Workshop on the Interprofessional Care of the Ambulatory Patient was recently held in Williamstown for M.G.H. doctors and nurses.

The terms of office of four members of the Council end this year—Miss Dempsey, Dr. Keller, Mr. Ryder, and Mrs. Porter, Alumnae Representative. We appreciate their interest and contribution to the Advisory Council and we will miss them. The Nominating Committee composed of Miss Dempsey, Mrs. Haydock and Mrs. Fahnstock, Chairman, have presented the following slate for the term beginning September, 1967: Mrs. Henry Guild, Jr., representing the community-at-large; Mrs. Norma Holt from the field of health (Boston V.N.A.); Professor Edmund McTernan from the field of education (Director of Division of Allied Medical Sciences, Northeastern Univer-

sity); Dr. John Stoeckle, Associate Physician, M.G.H.; and Mrs. Drennan Lowell, elected by the Alumnae Association of M.G.H. School of Nursing.

SIGRID EDGE, *Chairman*
Advisory Council of the School of Nursing

School of Nursing

October 1, 1967

Full time Faculty	49
Nurses	43
Non-nurses	6
Part time Faculty	3
Nurses	2
Non-nurses	0
Nursing Students (M.G.H.)	
Freshmen	127
Juniors	107
Seniors	104
Total	338

Report of the School of Nursing

IN view of social change, the changing nature of nursing, nurses' roles and educational patterns, the faculty reexamined the Philosophy and Objectives of the School of Nursing. In so doing goals were redefined and our concept of a beginning graduate of our program was clarified. Our beliefs about education and learning were reassessed and stated in order to provide more definitive guidelines and a sense of direction for curriculum and program development. A variety of methods of evaluation were used throughout the year to determine the extent to which and the means by which our objectives were met. A follow-up study of the graduates of the Class of September 1966, including their self-evaluation and evaluation by their present employers, was conducted. The purpose of the study was to determine the preparedness of the graduates to assume staff nurse positions, as perceived by employers and the graduates themselves.

Of the 72 questionnaires returned by the graduates, 67 were actively engaged in nursing: 57 as staff nurses, 1 as office nurse and 1 as camp nurse, all of these positions in keeping with the objectives of the program. In addition, 5 were employed as Head Nurses, 2 as Supervisors and 1 as an Instructor. Twenty-three were enrolled in graduate education, 17 matriculated for a Baccalaureate degree at various universities. A moderate number indicated that they were taking courses for their continued personal development. While the large majority indicated that their basic knowledge was adequate (with the exception of those who indicated that they had not used some specialized knowledge) their comments will be studied by the Evaluation and Curriculum Committees of the faculty. Of the 5 not employed in nursing, their reasons centered around "hours undesirable for married women; the physically and emotionally exhausting nature of nursing; low salaries; and the narrowness of nursing education."

The number of returns from employers and the nature of their comments were gratifying. The median of their ratings were in the "very good" category in most instances. No graduate was given an overall rating of less than satisfactory. As a

group they were rated highest in the categories of "quality of nursing care" and "knowledge of nursing care", with 90% rated as very good or outstanding in these areas (including those employed in positions beyond staff nursing). These results, too, will be further analyzed by the faculty, in order to determine any implications for our program.

This study will be repeated for the 85 graduates of the Class of 1967, of whom over 50% of those whose plans for employment were known will be working in the Nursing Service at M.G.H.

We continue to attract to our School those students who because of personal goals, philosophy, perceptions of nursing and circumstances, prefer or choose a program of nursing education conducted under the aegis of a large teaching hospital.

Our total student enrollment of 334 almost triples the national average of 114. Of the 45 hospital diploma schools in Masachusetts, our School admitted the largest class in September 1967. This year men were admitted to the program and the five who entered comprised 4% of the Freshman Class compared with a national average of 1.8%.

The fact that 128 Freshmen were appointed to our School from among 314 applications which were reviewed reflects the productivity of the Admissions Committee and their increased efforts in recruiting qualified students. Cognizance of the need to increase the supply of graduate nurses does not alter our beliefs that quality must also be maintained. A large percentage of the entering class were in the top quintile in secondary schools. College Entrance Examination Board and Scholastic Aptitude Test mean scores were 558 verbal and 549 mathematics. Thirty-one of the Freshmen students have attended college and thirty colleges are represented. Two Freshmen students have B.A. degrees, 4 have Associate degrees, and one has Master's study. This year we developed policies allowing for advanced placement and challenging courses by examination to facilitate the transfer of students and to build more soundly on prior educational experiences.

Interest in the School remains high if measured by the requests for School Bulletins. In addition to the 2,000 which were sent to those on our regular mailing list, 1,524 catalogues were

mailed, upon request, all over the world to individuals, high schools, colleges, libraries, schools, clubs and various agencies.

This year there was greater participation with the U.C.S. Nursing Council Careers in Nursing program in terms of recruiting; in compiling information for High School Guidance Counselors for their use in counseling students; in evaluating the applicants' reactions to various admissions policies and practices; in obtaining information from local colleges to determine their admissions policies for graduate nurses to assist faculty in program planning and students in planning for continued education. Our community participation also included working closely with ODWIN (Opening Doors Wider in Nursing) recruitment program, participating in an eight week program at the Cambridge Neighborhood House counseling young people on various aspects of opportunities in a medical discipline, and giving services to the Center of Opportunity for Progress in Education (COPE).

In January we conducted a follow-up study on 450 applicants between 1964-1966 who had withdrawn application or were not accepted for admission here, in order to determine whether they had pursued a career in nursing via other educational programs. Of the 250 replies received, 87% indicated that they were admitted into another nursing program.

The whole program of Admissions and Recruitment has developed and is increasingly important and time consuming. Its potential effect on the total Guidance Program and Student Personnel Services needs to be studied in terms of additional resources needed.

Because curriculum changes and increase in the size of the faculty had increased the cost of the program, it was agreed that the Senior stipend of $30.00 per month be discontinued in September 1968, and that students would bear the cost of transportation for experience at McLean Hospital and for meals purchased there.

This year the amount of financial aid requested and awarded was slightly higher than last year. We continued to receive some Federal funds in the form of loans for students and payments to the School to defray some costs of increased enrollment and to improve quality. Two very generous gifts from an

anonymous donor also helped defray expenses: one, for $60,000 for scholarships will be used in recruiting, to offset the effect of discontinuing the stipend, and to meet cost of remitted tuition; the other gift of $15,000 is enabling us to expand and improve our audio-visual aids and devices to save staff time to be used more productively.

It is predicted that the cost of college this year will increase 5-9% and that more than three out of four post-secondary schools have raised or will raise their charges. A survey (sponsored by the National Association of State Universities and Land Grant Colleges and the Association of State Colleges and Universities) indicates that 80% of state colleges and universities raised tuition fees, room and/or board rates for the current academic year with an average 15% increase in three years since 1964. The effect of such increases on recruitment and enrollment in public supported nursing programs will bear scrutiny.

In terms of our on-going efforts to improve, develop and expand the program and the quality of the services, and the need to be planning for the future, our main problems center around problems of recruiting and retaining qualified faculty capable of participating fully in the program and providing leadership for new teachers. This is, of course, a nationwide problem with over 1,760 faculty vacancies across the country and many without proper qualifications employed on teaching staffs. On the plus side, we are fortunate in the number who apply to us for teaching so that we can select amongst them those best qualified for our program. The salary increases were greatly appreciated. The tuition aid plan is of great assistance in faculty development. While all the teaching staff have at least a Baccalaureate degree, slightly over 37% have Master's degrees and/or post-Master's credits. Four others have completed Master's requirements except for the thesis which is in progress. Three teachers are on leaves of absence for Master's study.

The addition of 4 faculty members to our Senior program, 4 for the new program in Maternity Nursing, and this fall budget approval for a night instructor have made it possible to implement some needed curriculum changes, to improve

quality of instruction and to plan for further development of the program.

Our major difficulties have been: 1) prolonged illness of some of the staff; 2) need to replace 20 teachers, and to orient and assist 20 new teachers; 3) the attendant heavy demands on our experienced and administrative faculty to assume much of the leadership for committee activity and program development, and a large responsibility for teaching new faculty as well as students; 4) resignations on short notice for personal reasons or at times of year when vacancies are difficult to fill, and subsequently allow little time for planning and working together as a faculty and for course revision and preparation; 5) beginning our school year with 3 vacancies in the first year staff, 2 in the third year staff and a vacancy for an Assistant Director.

Our needs are: 1) to continue to analyze faculty responsibilities and tasks in order to distribute them as equitably as possible; 2) to identify non-teaching, non-nursing functions which might appropriately be assumed by others; 3) to continue with curriculum reorganization which will have as a by-product more effective use of teacher time; 4) to add to our administrative and secretarial staff in order to provide for improved guidance, faculty development and leadership for our increased staff, assistance with non-teaching, non-nursing tasks, and assistance with the administration and future development of the School; 5) to recruit and employ 4 Psychiatric Nursing instructors by the summer of 1968 so that they can develop the course in Psychiatric Nursing, to begin September 1968; 6) to anticipate the need for additional faculty if demands for program study and development and committee activity continue to make inroads on faculty teaching time.

Various aspects of the curriculum, its organization and methods of evaluation were explored, along with the effects of the program with relation to student adjustment and achievement. Curriculum study and revision focused on attempts to even out the academic demands on students in various parts of the program; implementing a new course in Maternity Nursing and working toward the development of a combined Maternal-Child Nursing Course; revising Senior experiences, now pos-

sible because of additional teachers; and working on preparing a revised Junior year. The implications of developing our own course in Psychiatric Nursing by September 1968 (when McLean Hospital School of Nursing closes) had to be given some priority because of the detailed advance planning required. A corollary of proposed curriculum changes is a re-evaluation of the length of our program and the time of graduation, currently in September. This requires further study since we do not wish to jeopardize the quality of our program by recommending shortening in a haphazard fashion.

The facilities of the School were expanded, improved, and use of space studied and modified. The 30 Blossom Street residence was renovated and furnished for the men students. Furnishings in Bartlett Hall living room, Walcott House living room and beau parlors were reupholstered and redecorated. New draperies were installed in students' rooms in Bartlett Hall. Renovations in Walcott House recreation room and 20 Charles Street sitting room-lounge were begun and some new furniture obtained. Use of space for teachers' offices was re-evaluated to provide space for added faculty and allow teachers to plan and work together more efficiently. We provided housing for 25 more students, formerly maintained at Boston Lying-In Hospital during experience there. We anticipate some crowding and are making plans to house 25 more students for the coming year since they will no longer be maintained at McLean Hospital during the Psychiatric Nursing course. The lessened space in the residences decreases the income formerly obtained from graduate nurses who lived in these houses. The fact that the Building Service Department has now assumed responsibility for that aspect of our Freshman residence has made it possible for the Residence Head in that building to devote herself more to other aspects of maintaining an atmosphere of healthful living and good citizenship for students.

The attractiveness of our residences has increased the number of requests for their use for special functions by various groups within the Hospital other than the day-to-day use by students. These special occasions were enumerated as follows: 35 in Bartlett Hall living room; 132 on the roof of Bartlett Hall;

190 social functions/meetings in Walcott House living room; 54 meetings in the "beau parlors".

With the addition to our library staff, this very crucial facility continues to expand its holdings and services to students and staff.

At the end of its first year of operation we reviewed the services of the Walk-in Clinic for our students, conducted in cooperation with the Department of Psychiatry, under the supervision of Dr. Robert Bragg. With their assistance we look forward to further evaluation of this service, its means of support and the possibility of extending and coordinating the various aspects of mental health services within our program.

We feel fortunate indeed to have the wonderful resources within this teaching Hospital as well as many others in the community to assist us in the implementation and development of our program.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

Nursing Service

October 1, 1967

Full time Graduate Nurses, General Hospital and Clinics	382
Full time Graduate Nurses, Baker Memorial	106
Full time Graduate Nurses, Phillips House	106
Total Full time Graduates	594
Hourly *Graduate Nurses, General Hospital and Clinics	20
Hourly *Graduate Nurses, Baker Memorial	5
Hourly *Graduate Nurses, Phillips House	19
Total *Hourly Graduate Nurses	44

*Hourly expressed in equivalent of full time.

Report of the Nursing Service

ONE of the major challenges which confronts a nursing service in a medical center today is to narrow the gap between the readiness of newly employed nursing personnel and the demands for quality nursing care. The current demands for care require a large degree of skill in observation and interpretation, often immediate nursing intervention; they are constant throughout day and night, vary little in relation to time of year, and mount with the accession of medical and nursing knowledge and factors which increase the number of consumers of health services.

It is heartening to record that the number of our graduate staff nurses increased by an average of thirty more than last year, and that licensed practical nurses increased by an average of seventeen, yet somewhat disheartening to note that on November first over one-third of all full time staff nurses had been employed during the prior two months and that few of them had had any experience as graduate nurses.

The following table shows the length of employment of several categories of nursing personnel on March 1, 1967:

	5 years or more	*2 years or less*	*6 months or less*
Staff Nurses	9.3%	76.4%	47.4%
Lic. Prac. Nurses	19.1%	62.0%	29.4%
Hospital Aides	43.6%	33.6%	17.3%
Ward Secretaries	22.4%	53.9%	23.7%
Head Nurses & Assts.	38.1%	19.0%	3.5%
Supervisors & Assts.	59.6%	10.6%	—

Problems of relationships develop almost without exception when a staff nurse, who is responsible to guide the nursing care team composed largely of auxiliary personnel, has had considerably less experience than those whom she should lead. Tension is felt both by the leader and those responsible to the leader.

While medical centers, in contrast to other types of hospitals and to many communities, are not confronted with the decrease in numbers of doctors engaged in care-taking, their nursing staffs continue to absorb both tasks and responsibilities formerly carried by doctors. Such transfer of function, even when made

with effective planning and acceptance, places an increased load on nursing which, unfortunately, is too often translated into a shortage of nurses.

Because nursing is primarily a woman's work, many nurses remain in the profession only a short time before marriage. Almost one-fourth of all nurses (23%) who resigned from our Nursing Service last year, left to be married, to join a husband transferred from the city, or because of pregnancy.

Many of the young women who seek employment here come to augment their learning, take advantage of our active staff education program and generous tuition allowance, then go to college full time. Resignations to go to school accounted for 13% of the nurse terminations. Less than 1% of the nurses who left our employ stated that the work was too hard, that too much of their time was assigned to evening, night and week-end hours, or that they were otherwise dissatisfied. Undoubtedly, among those who decided to accept positions elsewhere or to return home were several who could not adjust to the rapid, demanding pace of this Hospital.

Constant effort must be exerted to maintain nursing care in quality and amount. The demands for increased quality and amount are insistent. They come from a variety of sources and are in no way coordinated. The supply of all types of personnel is limited. Every request or force that affects nursing care must be weighed carefully to determine whether it can be absorbed in relation to existing skills or maintained with a personnel of fluctuating stability; whether it can be absorbed with the introduction of a different type of available worker, machine, system, or change of method; whether it can best be taken on by another department; whether it must be accepted and, as a consequence, dilute nursing care somewhere else. This scrutinizing role, thrust upon nursing with greater intensity each year, tends to cause displacement of the image of the nurse as a nurturer, a comforter, and, therefore, results in misunderstandings. Yet, there are positive effects as well. Nursing has been both compelled and impelled to examine itself. To accelerate the study of our Nursing Service, Miss Mary E. MacDonald joined the staff in September. Miss MacDonald is well prepared for the newly-created position of Director of Analytical Studies

in Nursing. She was formerly Associate Dean and Professor of Nursing Education at the University of Massachusetts, received a Bachelor's degree from Emmanuel College before entering the M.G.H. School of Nursing, a Master of Arts degree from Teacher's College, Columbia University, and is a candidate for a Doctor of Philosophy degree at Boston College Graduate School of Arts and Sciences. She will concentrate for a time on the role of nurses and other nursing personnel, the means by which those roles can be delineated, and the means by which personnel can best be prepared and organized to fill the roles.

Experimentation has continued with the introduction of nurse clinicians into patient care units. Nurses with a variety of backgrounds in nursing education and experience have been employed and given considerable freedom to develop their own ideas with the objective of influencing the quality of patient care.

A significant gain toward preparing newly employed personnel was made by the employment of two well-prepared teachers and a secretary for the Staff Education Department, and two experienced trainers and a secretary for the Unit Coordinator Staff. Office space was obtained for them temporarily in the Thayer Building, which is soon to be demolished.

In an effort to provide improved care and to reduce tensions, plans are underway with a minimal amount of physical reconstruction, to divide the forty-eight beds of White 6 into two units. The nursing staff will also be divided into two groups, each with a head nurse. One group will be concentrated in the South wing, where the patients who require the most intensive care, are placed.

An important step in the direction of appropriate utilization of nursing personnel was made in Baker when the Dietary Department assumed responsibility for the service of food trays to patients at the regularly scheduled meal times. A transfer in budget provided the necessary funds, but the Dietary Department was confronted with the difficult task of providing manpower for a span of time exceeding the usual eight-hour work span.

In the Clinics, efforts have been continued steadily to free the nurse from tasks which often take precedence over her true

nurse functions. Appropriate reassignments have been made to technicians and to clerks. The nurse is being helped to fulfill her role in several ways—through in-service education programs, through group meetings with Social Service aimed at developing skill in the technic of patient interviews, through nurse rounds in selected in-patient units, through re-directed supervision and the like. Six of the Clinic nurses participated in the development and execution of a workshop at Williamstown, Massachusetts, which afforded unlimited opportunity for stimulating cross-discipline discussion with national medical and nurse leaders. The main topic, the role of the nurse in ambulatory care-taking, was in part an outgrowth of the search of the Academy of Pediatrics for means to improve the care of children.

Reconstruction on Phillips House 2 was begun in July in preparation for a cardiac monitoring unit of six beds, to be opened in November, 1967. Selected nurses were given intensive training in cardiac nursing in workshops developed and taught in collaboration with the cardiologists and members of other related Hospital staffs. The decreasing number of private duty nurses who can be depended upon for continued care and the growing need for specialization in clinical areas of nursing make it necessary for this unit to be staffed entirely by nurses employed by the Hospital.

Two needs growing out of experiences in the operating room areas have come into sharp focus and will hopefully be met with the opening of the new North Building now under construction. Lack of adequate facilities for the care of the increasing number of post-operative patients who require critical and intensive nursing care far beyond the immediate post-anesthesia period has resulted in the use of the White 3 Recovery Room for this purpose. The frantic preparation necessary for the reception of patients from the Operating Room each day creates a situation all but unendurable. Transient patients, that is, ambulatory patients who are operated upon and leave the Hospital the same day, have multiplied. Adequate space, proper staff and facilities for preparation, and care immediately after operation are not presently available.

Six full time nurses with the help of an occasional substitute,

were responsible for 75% of the 12,201 visits to the Medical Station of the Massachusetts General Hospital at Logan International Airport this year. The Station provides emergency care and health direction for airport employees, visitors, and passengers on a twenty-four hour basis. Since it is staffed only by nurses for much of that period, it is important that the nurse possesses the ability to make sound decisions and to take independent action, when necessary. In addition to the constant teaching by the medical staff at the airport, and their own study, the nurses have attended several of the programs offered by the Staff Education Department at the Hospital. Their learning has been shared with students in the M.G.H. School of Nursing who are invited in small groups to spend a day of observation at the Station.

Throughout the years and in common with the staffs of other hospital departments, the Nursing Service has been very active in providing programs for numerous visitors and students. This year, at the request of the Agency for International Development of the Department of State, the Nursing Service developed a pilot program to prepare eleven comparatively inexperienced graduate nurses for their assignment to civilian hospitals in Vietnam. The project was also used in part as an educational experience for the graduate student nurse who was a Resident in Nursing Service Administration.

New opportunities for nurses to learn and to contribute to the search for excellence in patient care have come in the form of participation in interdiscipline committees such as the vital Utilization Review Committee and its important sub-committees, and the new Committee on Teaching and Education.

EDNA S. LEPPER, R.N.
Director of Nursing Service

Report of the Social Service Department

IN contrast with the preceding two years, during which the Social Service Department developed new programs designed to assist the Hospital in implementing the Social Security Amendments of 1965 as effectively as possible, this year has been one marked by development and enhancement of these programs. Many more patients were served, staff was expanded, teaching was consolidated, studies carried out specifying in more detail the nature of problems faced by the Hospital in providing adequately for patients facing long-term illness.

The year 1966-67 has been a busy and productive one. A total of 10,573 patients were seen. This is an increase of more than 1,000 over the previous year. In several areas of the Hospital there were marked increases: For example, in the private services (Baker and Phillips House) 200 more patients than last year were served; 260 more patients received help in the Medical Clinics; approximately 100 more patients were seen in the Children's Service, the Gyn Service and the Emergency Ward. The Cardiac Clinic showed an increase of over 50 patients.

These marked increases reflect certain trends occurring throughout the Hospital and each deserves brief comment. The Social Security Amendments of 1965, which provide health insurance for those over 65 and health care for the medically indigent — including the option of private care — have affected the private in-patient services in several ways. Patients whose bills are paid by public welfare are now making use of the facilities of the Baker Memorial Hospital in increasing numbers. Both the Baker and the Phillips House have a higher proportion of patients over the age of 65. These and other factors have led to record occupancy. Last year we predicted that this legislation would increase the need for Social Service in the private areas of the Hospital. In preparation for this the Administration provided for additional staff; a full time social worker was assigned to the Phillips House. This added one additional worker for the Baker - Phillips House Social Service unit, making a total of one supervisor — Miss Elizabeth Wheeler — two caseworkers, one social work assistant and one

secretary. Each month the number of referrals increases, yet many patients who require help for a variety of needs are not referred. Studies carried out by the Social Service Department under the direction of the Utilization Review Committee during this past year support the above statement and also indicate that referrals for post-hospital planning for chronically ill patients occur later in the course of hospitalization in the private services than in the teaching services. This continues to be true even though the need for beds is very great in these services and the waiting-list problems in chronic hospitals, nursing homes and extended care facilities have been articulated to staff physicians.

Throughout the teaching services where caseworkers are available on each floor and participate in teaching rounds, the social and psychological needs of patients are recognized early in the admission. Casework services involving the patient and family can, therefore, begin early. Post-hospital plans can be anticipated and delays in transferring patients to their homes with appropriate home health care or to other institutions are largely avoided. It seems clear that additional social work will be needed in the private services and that avenues similar to the weekly rounds which function so effectively on the teaching services would be invaluable. An alternative to this might be routine referral at admission of patients whose physical condition, family relationships and financial situation indicate a hazardous future life course. The ultimate staffing for these services will probably need to be proportionate to the teaching services.

The Clinics: Fifty percent of the work of the Social Service Department now occurs in the Clinics. The number of referrals increases each year. Some of the same factors explain the expanded role of Social Service in the Clinics. As the Hospital is fully occupied, more patients whose physical, psychological and social situation is perilous are maintained in ambulatory care or are placed in small institutions and receive their medical care in our clinics. It is also our impression that increasing numbers of elderly and impoverished persons now seek clinic care at the Massachusetts General Hospital under the benefits of Title 18 and Title 19. As both the quantity and level of need increase,

physicians in the clinics have become more pressed. Both Nursing and Social Service have been encouraged to expand their roles in providing ambulatory care to patients. Casework services offer patients a continuous supportive relationship which gives avenues for solution of the social and psychological problems frequently interwoven with the physical. Unless these are resolved or softened the patient's maximal rehabilitation is hindered. The vast majority of referrals in the clinics originate in the Medical, medical specialty and Psychiatric Clinics. This is partly due to the well developed Social Service units in these clinics and partly to the greater availability of social workers in these areas. It is in no small way due to the leadership provided by Mrs. Alice Rogers, Assistant Director of Social Service in the Clinics, and to Miss Ann Daily, Supervisor in the Psychiatric Clinic.

Two of the smaller clinics have shown marked increases this year. Both reflect new developments. The referrals from the Gynecology in-patient service have continued at about the same rate as previously. The new Obstetrical Clinic under Dr. John Grover has, however, resulted in 100 additional patients being referred this year. In fact, about half the population of this Clinic is referred to Social Service. Most of these referrals are unwed mothers who have many complicated problems. Without careful planning these young mothers and the children would be in jeopardy. An important piece of preventive work is carried out in this Clinic. An additional three days a week of social work time is required to accomplish this task.

Each year the Cardiac Clinic continues to increase its referrals of patients. The majority of these referrals now are patients being evaluated for cardiac surgery. The greater numbers are reflective of the fact that more patients, and patients who are older with more complications, now are considered for this heroic surgery. These patients usually need help with many aspects of concrete planning; but even more important is their need for a relationship which is continuous from clinic to hospital, often including the recovery room, through which their anxiety can be relieved, their questions answered. As we accomplish more with heroic surgery and as more mechanical devices are introduced to safeguard patients, these human factors, em-

bodied in the relationship concerned with the individual life experiences, fears and strengths will become more important.

This year we have also experimented with a new avenue for meeting the needs of the isolated, elderly, chronically ill patients who make up a significant portion of the clinic patients.

An informal group activity program run daily in the clinics by volunteers with Social Service and Nursing consultation has proved to be a most effective innovation for many out-patients who turn to the Hospital to meet their social and emotional as well as medical needs. A lounge is open to patients who may drop in to chat, have coffee, read, or do volunteer work. Between fifteen and thirty patients a day, most of them isolated and feeling useless, use this facility and among those who attend regularly strong social ties are beginning to develop outside the center.

At the request of Dr. Paul Russell, another new development has occurred. While not yet involving large numbers, his request for social service assistance with the transplant patients is clearly predictive of future surgical trends. The initial ten patients referred this year have involved this Department with the serious emotional, social and ethical questions faced by the imaginative surgeons introducing this method of treatment. These issues facing patients and families as organs are transferred from one person to another are grave and many resources will be called on to safeguard all involved.

The impact of family, social and psychological factors on the course of illness is perhaps most vivid in the case of children who have severe or chronic illnesses. Dr. Nathan Talbot and the Pediatric Staff are very aware that unless the family is able to provide appropriate care, the chronically ill child has a poor chance in future life. The role of the social worker in this instance becomes very clear and this past year a marked increase in referrals occurred in the Pediatric Service. The three caseworkers who provide this service are hard pressed, however, and the Hospital has been asked to review the possibility of increasing staff in this area.

With hospital beds throughout the community at a premium there is greater pressure for immediate planning for the care of patients in the Emergency and Overnight Wards. More compli-

cated problems are dealt with in these areas of the Hospital and Social Service has had correspondingly heavy demands put on it. There has been a marked increase of patients referred and their social needs have been more complex.

Community Services have again been expanded this year. Our major investment has been in continuing and developing our program aimed at supplementing existing community resources for post-hospital care. The contract with the Boston Visiting Nurse Association was renewed. Through this the Massachusetts General Hospital provides social work consultation and services to patients served by the Boston Visiting Nurse Association who could not otherwise receive service assistance. A similar contract with the Medford Visiting Nurse Association was initiated this year. As the community Visiting Nurse Associations increase the variety of services available to patients in their own homes, more of our patients in need of continuing care are returning home.

The Transfer Office has continued with a variety of programs aimed at implementing our Transfer Agreements with thirty-five extended care facilities and nursing homes. The Hospital continues to provide a variety of consultation services, teaching programs and direct services to patients in these facilities.

This year two new services were initiated. A contract was awarded to us by the Division of Medical Care Administration, Department of Health, Education and Welfare of the United States Public Health Service, which enabled the Department to expand the training program for social work assistants and to provide patients in some facilities with direct services by the assistants. Another contract awarded to the Massachusetts General Hospital this year has a major potential. Under the direction of Dr. Kenneth Bird, the Massachusetts General Hospital and the Educational Television stations, WGBH and WGBX, are preparing a series of twelve television programs aimed at improving patient care in extended care facilities and nursing homes. This is a first step in a long-range teaching venture intended to make available to small facilities the expertise of the teaching hospitals in providing restorative and rehabilitative medical care.

Also, this year a contract was established between the Massa-

chusetts General Hospital Social Service Department and the Children's Developmental Clinic of Cambridge. This Clinic, which has many ties with the Massachusetts General Hospital Pediatric Service and which serves a population of retarded children who are also patients of the Massachusetts General Hospital, was unable to recruit trained social workers. We provide social work staff and supervision.

During the past year we have continued our teaching program within the Massachusetts General Hospital in a variety of ways. Teaching activities continue under the expert direction of Miss Grace K. Nicholls, Associate Director of the Department. She has expanded the Assistant Training Program, conducted staff development activities, and coordinated our student training program. Students from Simmons College School of Social Work, Smith College School of Social Work and Boston College School of Social Work in the first and second years of the Master's Program, as well as the first and second year of the Doctoral Program, have received their field work experience at the Massachusetts General Hospital. During the academic year, 1966-67, nineteen students were placed at the Massachusetts General Hospital. This year, 1967-68, twenty-one students are receiving this training here. In addition there have been two fellows of the Massachusetts General Hospital Community Mental Health Training Program for Social Workers.

Some of the major advantages of the Social Security Amendments of 1965 have been offset by the limitations and the current implementations of the legislation. For example, inequities exist in the quality of post-hospital care available to Medicaid patients in contrast to patients receiving Medicare benefits. Reimbursement rates for Title 19 (Medicaid) for extended care are grossly less than Title 18 (Medicare) with the result that Medicaid patients needing this level of care are often deprived unless payment can be arranged through private charitable funds. In a very few instances we have arranged this and the expenditure is reflected in the amount expended from funds administered by the Hospital for ancillary relief of patients. In addition our expenditure of these funds for transportation was greatly increased. This reflects the fact that Medicare unlike Medicaid does not consider taxi transportation even when medically necessary to be an allowable charge.

These factors, in addition to the fact that more than 1,000 additional patients were served, resulted in a large increase in ancillary funds being expended this year. A total of $107,503.57 was spent. The largest items were transportation $50,474.00 (of which $30,765.00 was refunded by Public Welfare); camp and tuition $21,310.00; nursing home, extended care and homemaker services $23,446.00; other expenditures for various aids totalled $12,270.00. All categories reflect increases over last year; the major increases occurred in providing transportation and post-hospital care. The largest part of these funds was provided through the Edward V. Bird Fund. A total of $12,911.73 was made available through the generosity of the Massachusetts Division of the American Cancer Society, the Ladies' Visiting Committee of the Hospital, the Frances Rollins Morse Fund, the Dr. John Monks Memorial Fund, Mrs. Charles E. Merrill, Jr., the United Community Services, the John W. Boynton Fund, the Frederick E. Weber Charities, Lend-A-Hand Society, Boston Rotary Club, the Boston Safe Deposit and Trust Company, the Sarah A. W. Devens Trust, Lotta M. Crabtree Trust, John Clarke Fund, Permanent Charity Fund, Inc., and the Fragment Society.

Fortunately this year the Department has again been fully staffed. This is attributable to the philosophy of the Massachusetts General Hospital, which is insistent on providing patients with the best possible level of care, to the ease in staff relationships and to the genuine support of the Hospital Administration in providing the best possible milieu through which we are free to proceed in developing ways of meeting patient needs. The flexibility that permeates the Hospital is reflected in the imaginative way that the most junior staff develop ways of helping patients. Salary increases are appreciated and the increases in budget serve to remind us of the continuing need to produce a high level of patient care as efficiently and responsibly as possible. Again this year about one-quarter of the budget has been provided through special funds. These are: Public Health Service, Division of Medical Care Administration, Department of Health, Education and Welfare Grant for "An Experiment in Continuity of Patient Care Through Collaboration with Selected Nursing Home Facilities (CH23-28C-68)"; Public

Health Service Contract PH 108-66-273, "An Analysis of Hospital Discharges to Determine Criteria for Admission to Nursing Homes"; Public Health Service Contract PH 108-66-271, "Study of the Costs to a Teaching Hospital of a Program of Consultation to Nursing Homes"; Public Health Service Division of Medical Care Administration Contract PH 110-99, "Training and Utilization of Social Work Assistants"; Committee of the Permanent Charity Fund, Inc., grant for the Training of Social Work Assistants.

ELEANOR CLARK
Director of Social Service

Report of the Dietary Department

WE are acutely aware that the future begins in the present and we have experienced a sense of tremendous importance in what has been within our power to achieve during 1967.

Each administrative decision has concerned itself with long range planning. Work schedules have been revised to afford greater control and efficiency, paving the way to put the patient's menu tally on the computer. Several pieces of heavy duty equipment, specified for use in the North Building, have already been purchased and are being used in the main kitchens and the bakeshop. The East Cafeteria has a new decor. On the personnel side, off-white walls with walnut wainscotting are relieved by a large colonial "window" mural, framed by the same blue curtains that drape the bay windows. Together with prints of old Boston and an antique clock on the east wall, it is most effective.

In reviewing statistics we note:

	1957	*1962*	*1967*
Total departmental expenditure:	$1,287,597.48	$1,769,350.92	$2,543,091.39
% Salaries and Wages	55.7	54.0	53.4
% Food	38.3	39.8	38.5
% Supplies (other than food)	1.9	3.6	5.4
% Services (intradepartmental)	3.6	2.6	2.7

This reflects acceleration in both cost and volume.

Meal Counts	*1957*	*1962*	*1967*
Total	2,005,050	2,217,119	2,286,136
Baker Memorial	288,600	314,804	374,089
Phillips House	110,220	165,406	182,315
General Hospital	455,458	513,509	551,793
Cafeteria	1,150,772	1,223,400	1,177,939

We find ourselves becoming involved in broader and more diversified programs. Of special note is the educational emphasis: Miss Annie Galbraith received a M.P.H. in August, 1967 from the University of Michigan, Ann Arbor, Michigan; Miss Verna Davis completed a three-credit course at the University of Wisconsin Summer School, Madison, Wisconsin; others have participated in workshops, seminars and courses at the University of Massachusetts and at Boston University; have served as officers and on committees for the Massachusetts Dietetic

Association, and have participated on committees and in workshops for the American Dietetic Association.

Change is essential to progress. We measure the length of our stride as we note modifications and improvements. We find it exhilarating to work toward the goals the Massachusetts General Hospital has predicted.

LOUISE HATCH
Director, Dietary Department and Dietetic Internship

Report of the Volunteer Department

MUCH credit for the growth of today's flexible and continuous volunteer service programs goes to the many exceptional group leaders, past and present. This year 710 men and women volunteers have made a tremendous contribution in time, effort, morale and spirit by working a total of 60,250 hours.

We note with interest since the formation of a partnership in October 1955 with the evening nursing service that the evening volunteer program has steadily improved and expanded far beyond our hopes. Our thanks to the Evening Supervisors Committee for their enthusiasm and excellent training programs now offered. We have had gratifying results with 124 men and women working on our programs Monday through Friday evenings from 6:30 - 9:30 p.m.

The Men's Volunteer Group continues to grow slowly. Miss Eleanor Clark, Director of the Social Service Department and a member of the Advisory Committee to the Volunteer Department, was the guest speaker at the Men's meeting which took place in the Nursing Supervisors' Dining Room, February 28 from 6:00 - 7:30 p.m. Her topic was "Implications of Medicare and Medicaid".

The 1967 Jessie Harding Award for outstanding volunteer service was presented to Mrs. Edith M. Palmer at the annual Christmas Volunteer Recognition Tea. The citation was read and presented by Mr. Francis C. Gray, President, Board of Trustees as follows: "To you Edith Palmer, I have the privilege of presenting the Jessie Harding Award for Volunteer Service, in recognition of twenty-five years of continuous and devoted service to the many patients that you have helped at the Massachusetts General Hospital. As a graduate nurse of the M.G.H. your contribution as a volunteer has been varied through the years. Since 1942 when you started your service in the clinics . . . and during and after the polio epidemic in 1955 your contribution of service as a volunteer R.N. on the units was of inestimable value and tremendous support to the patients, their families, and to the staff. As a member of the M.G.H. Service League, which was instituted by the wives of doctors on the

M.G.H. staff . . . and representing this group when the Trustee Advisory Committee to the Volunteer Department was first established in 1957, your enthusiasm and experience was of tremendous help. I have the great pleasure of giving you this award, not only for your own splendid record of 12,750 hours, but also as a token of the respect and gratitude that we of this Hospital owe to the entire volunteer group, of which you are one."

We record with sorrow the death of Miss Alice Drea beloved sister of Agnes and Margaret Drea who are also volunteers at M.G.H. Her devoted, loyal and outstanding service will be sadly missed.

With the cooperation of Miss Vivian Bold, Tenants Relation Director of Charles River Park, three day and evening recruitment meetings for the residents were planned in the Function Room at 8 Whittier Place. Since the completion of the first building in 1962 volunteers have been contributing time here. Now that the population has increased to approximately 5,000 tenants and 400 employees we hope to gain the support of greater numbers. To date 55 volunteers have given 6,576 hours and we look forward to their continuing support.

To keep up with the happenings in the Hospital we had guest speakers at our meetings of the Advisory Committee to the Volunteer Department. Mrs. William Constable, a member of the Ladies' Visiting Committee and founder and co-chairman of the Art Wagon Service, explained the Service pioneered in this Hospital in 1955. Miss Ruth Farrisey, Executive Officer of the Clinics, spoke of the function and operation of the newly located Acute Psychiatric Service and Alcohol Clinic. Dr. Morten Grove-Rasmussen, Director of the Blood Bank and Transfusion Service at M.G.H., and Dr. Allan Kliman, Director of the Massachusetts Red Cross Blood Program, spoke of plans to meet the increased critical need for donations of blood to stabilize the daily blood requirements. Volunteers can play an important part in the education of giving blood and the interpretation of its various uses. A subcommittee will work out program plans for next year.

For the seventh consecutive year we have conducted our four week course in the fall for Directors of Hospital Volun-

teer Services. The two students this year were recently appointed Directors of Volunteer Services with the responsibility of organizing this new service in their hospitals. Miss Bridget Fleming, R.N., came from St. Mary's Hospital, Saginaw, Michigan, and Mrs. Carol Reardon from Harrington Memorial Hospital, Southbridge, Mass. A feature article appeared in the April issue of *The American Medical Association News* which resulted in many inquiries from many parts of the country.

My own activities this year were exceptionally varied and challenging. For the first time we participated on the program of the Leadership Institute of the Overseas Education Fund of the League of Women Voters in cooperation with Boston University, established in 1963. Its purpose is to train young women from Latin America and the United States to teach skills, understanding and techniques of citizen participation in a democratic society. Five students spent the day here to learn about our program as part of their field experience. Another first was acting as an oral examiner of candidates for the position of Volunteer Resources Coordinator, conducted by the State Civil Service Commission in Harrisburg, Pennsylvania. An invitation was extended to attend a meeting at the Franvale Nursing and Convalescent Home in South Braintree, Mass., an extended care facility, to help formulate plans concerning the recruitment and program for volunteers. I participated as consultant at the annual winter meeting of the Parent's League of Greater Boston which was devoted to discussion of plans for teenage and college students for summer hospital volunteer opportunities. I was guest speaker at the annual luncheon meeting of the Harrington Memorial Hospital Auxiliary, Southbridge, Mass.

It has been an active, stimulating and happy year. I look forward to another year in which I will trust the volunteers' constant endeavor to give service of the highest quality, and the good counsel I have always had from the members of the Advisory Committee to the Volunteer Department and from many others in the Hospital.

MARY RUTH WOLF
Director
Volunteer Department

Report of the Treadwell Library

THE statistics at the end of this report indicate growth of the collections at, approximately, the same rate as last year and reflect the continuing withdrawal of some unwanted publications. They, however, do not reflect the replacement of missing publications or the amount of rebinding which has been necessary because of mutilation of many volumes; the damage resulting from the copying of the same article many times; or, the disintegration of many of the bindings of the older books and journals. These have become serious problems which the members of the Library Committee are studying with the hope of resolving some of them in the near future and thus improving library service.

The particular service selected for discussion in this report is one which many regard as a nuisance rather than a service, depending on whether one is receiving an overdue notice or is anxiously waiting for a book to be returned. The sending of the so-called "overdue notice" is, in fact, a more time consuming service than would generally be realized, as a brief description of the procedure demonstrates. The first notice is a reminder that a borrower has kept the book beyond the three-week loan period. Between the issuing of the first notice and the final rendering of a charge slip to the Accounting Department, a period of eight weeks has elapsed, four written and telephoned requests have been made to the borrower, and before each notice is sent, the shelves must be searched. Much of this lengthy procedure would be unnecessary if borrowed items were either returned or renewed after the first notice was received.

Although during the Summer of 1967 the Francis A. Countway Library was designated the first Regional Medical Library, the results of the program and its impact on the Treadwell Library had not yet become evident before the end of the fiscal year covered by this report.

The Librarian attended a meeting at the Hotel Somerset, Boston, on November 16, 1966, at which the Board of the Massachusetts Regional Community Colleges discussed the training programs for health science careers below the profes-

sional level. She, also, attended the Midwinter meeting of the Board of Directors of the Medical Library Association, Inc. in New Orleans, La., January 12-13, 1967, and the Annual Meeting of the Medical Library Association, June 11-15, 1967, in Bal Harbour, Miami Beach, Fla. As Secretary of the Association, Miss Cole was responsible for the preparation of the printed reports of officers and committee chairmen for the Annual Meeting and of the Proceedings of the meeting for publication in the *Bulletin of the Medical Library Association.*

Visitors to the Library during the year included Mrs. S. Shimokawa, Showa University, Tokyo; Miss M. J. Lewis, School of Librarianship, North-Western Polytechnic, London, England; Mr. Frank Gardner, Central Library, Lincoln, England, and Dr. Toru Miyaj, Director, Osaka University Libraries, Osaka, Japan.

Mrs. Hiram Crowell and Miss H. Bernice Sweeney have both given generously of their time as volunteers in the Library. Their continued help with the Surgical Fatality Reports and the Staff Publications is much appreciated. We have been able to send volumes of both publications to the bindery so that they are more easily available for use.

Staff changes during the year included the resignation of Miss Glee A. Rundgren as Assistant Librarian in order to accept a position as Librarian in the North Memorial Hospital in Minneapolis, Minn. Mrs. Lilly Wechsler assumed her duties as Cataloger and Assistant Librarian on July 31, 1967—a very fortunate circumstance for us. Miss Maureen T. Nevin continued as Senior Office Assistant with the interlibrary loans her chief responsibility. Clerical assistants included the Misses Felicia Czabator, Sylvia L. Fleming, Anne M. Balfour, and also, Richard G. Burton, Richard G. Flaherty, Wayne D. Herson, and John P. Sisco. Miss Tehrie Holden has remained on an "on call" basis to continue a special indexing project.

To each member of the Treadwell Library Committee goes sincere thanks for his help and advice.

The gifts of many books and journals from both individuals and departments are appreciated. The journals form our circulating collection of duplicates and any which we did not need were offered to other libraries or individuals. During the past

year 3,966 items were donated to other library members of the Medical Library Association and to the United States Book Exchange, Inc.

The statistics for the year follow.

	1966	*1967*
Number of periodical volumes	18,185	19,139
Number of other volumes	11,380	11,919
Number of volumes withdrawn	318	136
Total volumes in the Library	29,253	30,922
Number of pamphlets (approximate)	2,000	2,500
Number of photocopies received from the National Library of Medicine	133	153
Number of pages copied in Treadwell	96,110	120,296
Number of items given away to individuals or to medical libraries (approximate)	1,386	3,966
Number of periodicals currently received	627*	650**
Number of bound publications loaned	4,098	4,646
Number of unbound periodicals loaned	1,213	1,130
Total loans	5,311	5,776
Number of items borrowed from other libraries	1,087***	1,378***
Number of items loaned to other libraries	174***	86***
Number of persons using the Library during the day	32,771	31,879
Number of persons using the Library during the evening	5,850	5,340
Total number using the Library	38,621	37,219

*Includes 454 purchased, 86 gifts, and 87 annuals which are cataloged.
**Includes 477 purchased, 94 gifts, and 76 annuals which are cataloged.
***Includes photocopies received and sent in lieu of original publication.

GENEVIEVE COLE
Librarian

Dalton Scholarships

THE income of this fund, amounting to $1,000 annually, is devoted to investigation in the science of medicine. The rules of the Trustees applicable to it are as follows:

ARTICLE 1. Candidates shall be nominated to the Board of Trustees by the General Executive Committee with their recommendations. They shall be either interns of the General Hospital or graduates of a regular American medical college.

ARTICLE 2. The nature of the work in medical investigation proposed to be prosecuted by each candidate shall be designated by the candidate.

ARTICLE 3. The dates of beginning and ending scholarships, the amounts of the stipends and the conditions of work shall in each case be recommended by the General Executive Committee to the Board of Trustees.

ARTICLE 4. The results of work of scholars shall appertain to the Hospital, and when made public the name of the scholar shall accompany the publication, but no publication shall be made unless approved by the General Executive Committee.

ARTICLE 5. When the income is insufficient, appointments for the year may be omitted.

ARTICLE 6. Any income not used shall be cumulative and not added to the principal.

ARTICLE 7. Scholars shall be eligible for renomination and reappointment.

Further information may be had by applying to the General Director of the Massachusetts General Hospital.

Warren Triennial Prize

THE Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

In 1968 the prize will be awarded in the form of a lectureship at the Massachusetts General Hospital. The Warren Prize Lecturer, selected for outstanding work in medical science, will be nominated to the Trustees by the General Executive Committee.

The submission of special theses or essays will no longer be required for this competitive prize.

JOHN H. KNOWLES, M.D.
General Director

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1958.....	5,375,433.	1,483,044.	1,523,384.	3,406,112.	2,378,576.*	14,166,549.
1959.....	5,575,972.	1,605,612.	1,666,735.	3,714,185.	2,794,412.*	15,356,916.
1960.....	6,052,617.	1,739,500.	1,770,265.	4,155,916.	3,501,466.*	17,219,764.
1961.....	5,968,122.	1,701,771.	2,004,181.	4,301,078.	4,247,635.*	18,222,787.
1962.....	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963.....	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**....	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965.....	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.
1966.....	10,039,745.	2,638,935.	3,640,947.	8,295,387.	6,716,760.	31,331,774.
1967.....	12,316,960.	3,209.278.	4,603,628.	10,153,245.	6,709,564.	36,992.675.

TOTAL NET EARNINGS

1958.....	3,570,656.	864,742.	1,790,032.	3,897,908.	2,401,304.	12,524,642.
1959.....	3,837,852.	856,443.	1,976,648.	4,508,186.	2,660,813.	13,839,942.
1960.....	4,023,076.	954,376.	2,312,042.	5,012,325.	2,971,008.	15,272,827.
1961.....	4,660,384.	1,032,484.	2,725,019.	5,204,960.	3,385,425.	17,008,272.
1962.....	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963.....	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**....	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965.....	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.
1966.....	8,120,683.	1,927,309.	4,172,046.	9,869,486.	5,367,090.	29,456,614.
1967.....	9,982,300.	2,518,774.	4,750,199.	11,804,230.	6,035,295.	35,090,798.

* Research Funds excluded.

**36 Beds Transferred from Private to Semi-Private.

COMBINED CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1958	12,283	216,216*	716—	129,622
1959	12,491	225,256*	746	133,103
1960	12,442	225,456*	732	139,472
1961	11,996	206,395*	683	136,676
1962	12,336	204,583*	674	151,915
1963	11,736	201,415*	665	151,734
1964	11,762	205,991*	682	141,872
1965	13,498	210,304*	696	157,252
1966	14,218	212,607*	704	168,338
1967	14,504	226,207*	749	176,013

	Cost of Combined O. P. D.	Aver. Cost per Visit in Comb. Depts.	Total Net Receipts	Aver. Net Receipts	M. G. H. Share of Cost	MGH Share of Net Receipts
1958	1,565,229	7.24	868,250	4.02	1,327,536	710,984
1959	1,704,172	7.57	917,333	4.07	1,454,023	707,470
1960	1,868,276	8.29	1,042,143	4.62	1,592,537	809,164
1961	1,836,817	8.90	1,115,399	5.40	1,543,860	878,732
1962	2,108,132	10.30	1,265,340	6.18	1,753,524	975,063
1963	2,275,392	11.30	1,433,034	7.11	1,912,033	1,108,820
1964	2,419,666	11.75	1,504,526	7.30	2,037,013	1,181,489
1965	2,525,339	12.01	1,929,031	9.17	2,062,474	1,597,122
1966	3,151,428	14.82	2,327,922	10.95	2,638,935	1,927,309
1967	3,797,697	16.79	3,070,480	13.57	3,209,278	2,518.774

EMERGENCY WARD

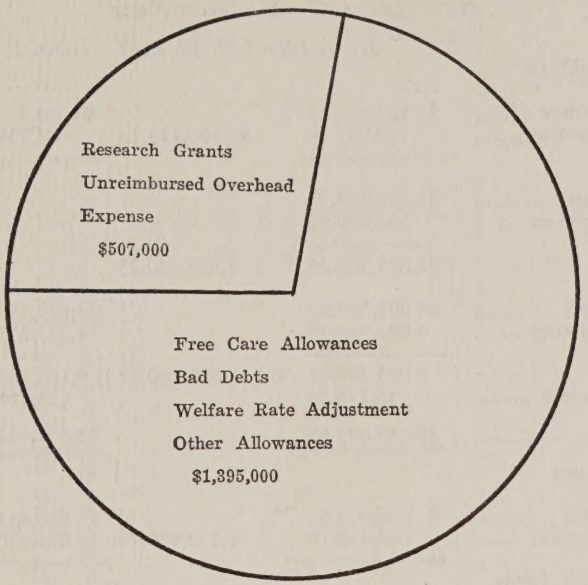
	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962	42,792	358,931	153,075	512,006	261,003
1963	47,191	415,352	171,567	586,919	303,040
1964	53,017	451,981	215,045	667,026	362,896
1965	56,073	583,036	230,711	813,747	386,462
1966	58,085	461,521	244,035	705,556	429,499
1967	62,530	509,229	337,133	846,362	567,985

*Includes Staff and Other — See page 159.

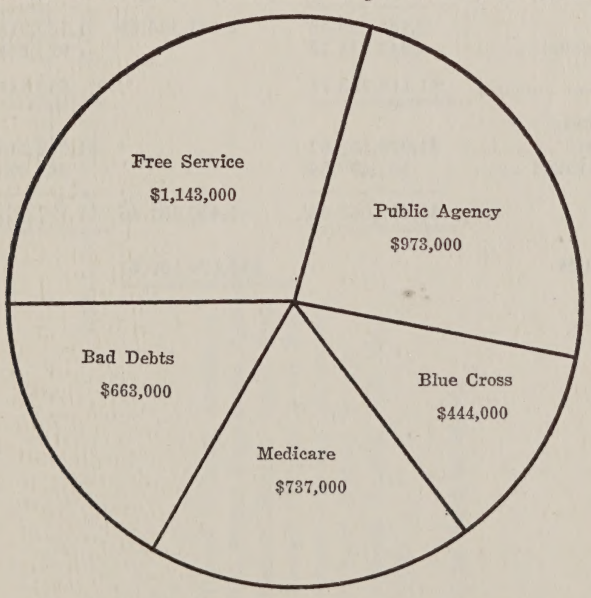
MASSACHUSETTS GENERAL HOSPITAL
Income and Expense Statement
General Fund

Operating Income	*1967*	*1966*
Private Patients	$ 5,086,829	$ 4,272,596
Semi-Private Patients	12,407,797	10,293,978
Ward Patients	12,042,045	10,157,325
Out-Patient Department	2,882,908	2,572,347
Private Ambulatory	1,097,547	1,002,206
Emergency Ward	814,774	698,604
Total Earnings from Services to Patients	34,331,900	28,997,056
Less: Deductions from Earnings		
Charity Allowance	1,159,967	1,541,186
Other Rebates and Losses	2,137,041	2,064,354
Net Provision for Doubtful Accounts	662,643	223,791
Total Deductions from Earnings	3,959,651	3,829,331
Net Earnings from Services to Patients	30,372,249	25,167,725
Other Income	4,718,550	4,288,890
Total Income	35,090,799	29,456,615
Operating Expenses		
In Patients	27,073,833	21,976,079
Out Patients	2,949,419	2,349,754
Private Ambulatory	987,673	816,542
Emergency Ward	846,362	705,556
Total Patient Expenses	31,857,287	25,847,931
Add: Other Expense (Including Indirect Cost of Research)	5,135,389	5,483,844
Total Expenses	36,992,676	31,331,775
Net Deficit	1,901,877	1,875,160
Available from Treasurer for Expenses at Hospital	1,853,101	1,811,863
Final Deficit—Withdrawn from General Fund Principal	48,776	63,297

THE OPERATING LOSS DOLLAR



FREE CARE AND WELFARE ADJUSTMENT DOLLAR



MASSACHUSETTS GENERAL HOSPITAL

STATEMENT OF FUND EXPENDITURES

	Oct. 1, 1966-Sept. 30, 1967		*Oct. 1, 1965-Sept. 30, 1966*	
Research Fund Expenditures				
Contract				
Salaries and Expenses	$ 165,455.87		$ 78,944.92	
Supplies and Expenses	140,767.29	$ 306,223.16	84,304.93	$ 163,249.85
Training Grants				
Salaries and Wages	$1,239,300.33			
Supplies and Expenses	384,079.90			
	$1,623,380.23	1,623,380.23		
Gifts and Grants				
Salaries and Wages	$4,002,850.92		$4,829,432.41	
Supplies and Expenses	4,092,929.49		4,273,671.60	
	8,095,780.41	8,095,780.41	9,103,104.01	9,103,104.01
Miscellaneous Income	56,776.56		(25,611.24)	
Net Expenses	$8,039,003.85		$9,128,715.25	
Other Fund Expenditures				
Contract				
Salaries and Wages	$ 686,073.62		$ 538,452.92	
Supplies and Expenses	866,457.16	1,552,530.78	891,420.62	1,429,873.54
Other Special Purpose Funds				
Salaries and Wages	$ 586,712.18		$ 488,461.02	
Supplies and Expenses	1,574,812.25		1,081,357.29	
	2,161,524.43	2,161,524.43	1,569,818.31	1,569,818.31
Miscellaneous Income	1,042,735.72		913,285.42	
Net Expenses	$1,118,788.71		$ 656,532.89	
MGH Surgical Associates				
Salaries and Wages	$1,078,163.82		$1,112,014.30	
Supplies and Expenses	361,497.64		285,853.22	
	$1,439,661.46	1,439,661.46	$1,397,867.52	1,397,867.52
Total Fund Expenditures		$15,179,100.47		$13,663,913.23

MASSACHUSETTS GENERAL HOSPITAL

Statement of Stock on Hand September 30, 1967 and September 30, 1966

	Sept. 30 1967	*Sept. 30 1966*
General Hospital Apothecary Out-Patient Department Apothecary	$ 715,743.00	$ 548,183.29
General Hospital Upper Store	223,034.32	223,160.71
General Hospital Lower Store	29,202.14	24,990.15
General Hospital Maintenance	113,127.34	114,178.98
General Hospital Postage	2,464.09	725.42
General Hospital Print Shop	3,051.97	3,420.11
Other	174,287.76	206,716.06
Total Stock on Hand	$1,260,910.62	$1,121,374.72

SERVICE IN-PATIENT STATISTICS
FOR THE YEARS 1958-1967

	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Deaths		
								Total Number	% of Admissions	Autopsies
1958	11,890	388	454	86.9	141,371	12—	6,991	866	7.28	64%
1959	11,954	390	454	86	142,097	12—	7,098	784	6.56	67%
1960	11,547	361	459	78.7	134,047	11+	7,015	843	7.30	63%
1961	11,607	381	459	83	138,687	12—	7,613	784	6.75	68%
1962	13,598	408	465	78	148,424	11—	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11—	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12—	8,601	861	6.89	62%
1966	12,235	412	528	78	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	528	77	149,028	13—	8,633	776	6.75	61%

Total number of patients admitted to General Hospital from the year 1821 — 663,009.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
FOR THE YEARS 1958-1967

1958	9,296	292	311	91.2	106,450	11+	4,851	279	3.00	68%
1959	10,105	309	339	91.1	112,351	10+	4,215	316	3.13	57%
1960	10,546	321	340	94.4	119,167	11+	5,359	354	3.36	67%
1961	10,689	334	340	98.4	116,932	11+	5,459	369	3.45	69%
1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13—	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13—	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%

Total number of patients admitted to Baker Memorial from the year 1930 — 276,575.

PRIVATE IN-PATIENT STATISTICS
FOR THE YEARS 1958-1967

1958	3,053	100	122	77.7	36,396	12+	1,192	93	3.05	83%
1959	3,275	115	134	85.7	41,784	12—	1,366	93	2.84	69%
1960	3,517	110	132	83.6	40,924	12—	1,487	100	2.84	70%
1961	3,803	118	159	74.1	42,429	11+	1,467	115	3.02	73%
1962	4,274	129	170	76	46,996	11—	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13—	1,699	146	3.06	70%
1966	4,421	167	149	112	60,776	14—	1,730	156	3.53	66%
1967	4,320	173	149	116	62,794	14+	1,697	141	3.26	63%

Total number of patients admitted to Phillips House from the year 1917 — 177,906.

COMBINED M.G.H AND EYE & EAR CLINICS

	New Patients		Subsequent Visits	
	1967	*1966*	*1967*	*1966*
Admitting Physician	1,363	1,044	3,850	2,601
Medicine	138	435	23,297	20,176
Alcohol	321	380	4,995	2,977
Allergy	222	109	3,443	4,082
Anemia	—	—	—	—
Hematology	2	1	871	749
Arthritis	2	3	1,548	1,551
Diabetes	1	—	1,648	2,204
Gastro-Intestinal	1	1	1,135	1,265
Cardiac	163	83	1,787	1,726
Hypertension	1	—	604	598
Nutrition	—	—	3,474	3,260
Ovarian Dysfundtion	—	—	—	—
Podiatry	3	—	2,010	1,979
Pulmonary	135	99	904	680
Rheumatic Fever		—		—
Thyroid	1	—	3,653	3,370
Dermatology	784	760	8,540	7,128
Syphillis	175	111	1,304	1,306
Neurology	158	208	6,057	6,264
Language	—	—	5,587	5,756
Psychiatry	263	389	6,336	8,155
Child Psychiatry	21	18	2,707	2,263
Children's Medicine	1,553	1,244	9,473	9,920
Adolescent Endocrine	4	2	451	468
Surgery	323	328	12,636	11,599
Amputation Clinic	31	36	396	364
Amputation Rounds	37	31	170	159
Fracture	6	2	3,966	4,046
Hand	8	7	207	252
Plastic Surgery	19	17	844	729
Neurosurgical	7	15	1,218	935
Vascular Surgery	—	2	762	648
Gynecology	301	250	5,509	4,174
Orthopedic Surgery	296	257	7,328	6,689
Urology	329	242	5,929	5,700
Dentistry	433	447	3,908	3,824
Tumor	158	158	7,566	7,844
Rehabilitation	—	—	262	305
General Hospital Clinics	7,259	6,679	144,375	135,746
General Hospital Totals	7,259	6,679	144,375	135,746
Ear, Nose and Throat	2,377	2,863	18,856	15,394
Eye	4,868	4,676	48,472	47,249
Eye and Ear Infirmary Totals	7,245	7,539	67,328	62,643
Combined Out-Patient Department Totals	14,504	14,218	211,703	198,389

	1967	*1966*
Total Attendance	226,207	212,607

RADIOLOGICAL DEPARTMENT

General Hospital	*1967*	*1966*
House Patients Examined	24,903	19,195
Out-Patient Department patients examined	16,610	14,588
Emergency Ward patients examined	580	1,057
Staff and Others	2,977	3,599
Total number patients examined	45,070	38,439
X-Ray treatments given (Inc. Baker & Phillips House)	*40,103	†33,082
Number of examinations	55,301	49,434
Total number of examinations and treatments	95,404	82,516
Emergency Ward Unit		
Emergency Ward Patients Examined	24,144	18,962
House Patients Examined	6,242	7,953
Staff and Other	90	145
Total Number of Patients Examined	30,476	27,060
Number of Examinations	45,493	39,295
Total Number of Examinations	45,493	39,295
Phillips House		
Hospital patients examined	6,648	6,871
Total number of Patients Examined	6,648	6,871
Number of examinations	10,599	10,665
Total number of examinations	10,599	10,665
Baker Memorial		
House patients examined	30,391	32,166
Total number patients examined	30,391	32,166
Number of examinations	43,376	45,971
Total number of examinations	43,376	45,971
Entire Hospital (Combined Statistics)		
Total number patients examined	112,585	104,536
Total number patients treated	1,913	1,798
Total number patients examined and treated	114,498	106,334
Total number examinations	154,769	145,365
Total number treatments and observations	39,956	32,881
Total number of radium & isotopes treatments	147	201
Total number examinations, treatments and observations, radium & isotopes	194,872	178,447

†Includes 147 Radium and Isotopes Cases
*Includes 201 Radium and Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

Physical Therapy

Treatments given:	*1967*	*1966*
Out-Patient	3,404	3,401
General Hospital (Including Eye and Ear Infirmary)	14,631	13,796
Phillips House	2,700	3,560
Baker Memorial	8,833	8,662
Private Ambulatory Patients	7,127	8,346
Total Treatments given	36,695	37,765

Report of the Treasurer

In accordance with Article 5, of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1967, approved by Patterson, Teele & Dennis, Auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL
CONDENSED YEAR-END BALANCE SHEET

	Sept. 30, 1967	*Sept. 30, 1966*
ASSETS		
CASH	$ 2,431,144.95	$ 2,786,930.68
TIME DEPOSITS	—o—	1,600,000.00
INVESTMENTS		
Bonds	22,154,291.55	21,177,470.06
Stocks	23,862,442.27	25,560,559.02
Notes	3,177,102.96	3,555,109.22
Real Estate	170,820.86	250,419.45
ACCOUNTS RECEIVABLE—PATIENTS AND OTHERS (Less allowance for Doubtful Accounts)	9,084,240.59	7,983,947.04
NOTES RECEIVABLE	529,622.26	559,958.36
INVENTORY OF SUPPLIES (AT ESTIMATED COST)	1,332,290.22	1,186,181.63
PREPAID ITEMS	98,579.17	63,182.41
INTEREST IN UNSETTLED ESTATES, ETC.	10.00	10.00
PLANT — LESS DEPRECIATION	33,374,883.89	32,314,185.61
CONSTRUCTION IN PROGRESS	12,192,982.98	4,344,826.15
TOTAL	$108,408,411.70	$98,382,779.63
LIABILITIES		
Notes Payable to Bank, Unsecured	$ 1,000,000.00	$ —o—
Accounts Payable and Accruals	1,920,939.71	1,951,289.74
Pension Reserves	794,515.62	728,391.43
W.C.A. RESERVES	358,652.40	314,988.44
GENERAL FUND		
Treasurer's Account	(1,671,996.76)	(1,115,420.19)
Director's Account	8,559,230.60	7,122,606.69
GENERAL HOSPITAL ENDOWMENT FUNDS		
Unrestricted as to Income	5,931,198.01	5,297,086.07
Restricted as to Income	18,927,159.43	19,077,057.57
McLEAN HOSPITAL FUNDS		
General Fund		
Treasurer's Account	(760,221.41)	(287,543.87)
Director's Account	833,868.85	472,356.31
Building Funds	30,584.68	—o—
Endowment Funds	837,665.52	832,367.51
BUILDING FUNDS	12,997,444.16	8,744,368.29
FIDUCIARY FUNDS	755,357,51	706,036.29
FUNDS INVESTED IN PLANT	33,374,883.89	32,314,185.61
TEMPORARY FUNDS		
General Hospital	3,443,157.18	4,784,682.96
McLean Hospital	131,371.40	171,127.66
Fiduciary	20,758.27	17,423.87
GENERAL INVESTMENT PROFIT AND LOSS ACCOUNT	20,923,842.64	17,251,775.25
TOTAL	$108,408.411.70	$98,382,779.63

THE MASSACHUSETTS GENERAL HOSPITAL

GENERAL HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1966-67	*1965-66*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 223,035.00	$ 224,727.00
Restricted	9,790,691.40	9,746,452.54
	$10,013,726.40*	$ 9,971,179.54*
INCOME FROM INVESTMENTS		
Unrestricted	$ 477,258.66	$ 444,167.33
Restricted	1,513,225.21	1,521,205.74
	$ 1,990,483.87	$ 1,965,373.07
OTHER INCOME		
From Trusts and Agents	$ 14,907.64	$ 14,551.07
Contributions for Connecting Building	11,109.12	11,109.12
Huntington Memorial Hospital	37,997.55	29,870.91
Miscellaneous Receipts	2,166,054.89	2,055,278.32
	$ 2,230,069.20	$ 2,110,809.42
TOTAL	$14,234,279.47	$14,047,362.03
RESTRICTED INCOME NOT APPLIED	(1,341,525.78)	503,016.63
	$15,575,805.25	$13,544,345.40
PAYMENTS FROM INCOME		
Added to Principal	$ 97,759.03	$ 84,056.54
Treasurer's Payments from Funds and Miscellaneous	1,404,111.15	465,310.00
	$ 1,501,870.18	$ 549,366.54
TREASURER'S BALANCE AVAILABLE FOR EXPENSES AT HOSPITAL	$14,073,935.07	$12,994,978.86
HOSPITAL EXCESS OF EXPENSES	14,122,711.29	13,058,275.49
DEFICIT—WITHDRAWN FROM GENERAL FUND PRINCIPAL	$ 48,776.22	$ 63,296.63

* Includes United Community Services Allocation of $222,680.00 for 1966-67 and $224,577.00 for 1965-66

THE MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1966-67	*1965-66*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 17,334.00	$ 18,885.50
Restricted	928,305.80	899,957.30
	$ 945,639.80*	$ 918,842.80*
INCOME FROM INVESTMENTS		
Unrestricted	$ 15,732.53	$ 15,323.89
Restricted	55,033.20	60,945.11
	$ 70,765.73	$ 76,269.00
OTHER INCOME		
From Trusts and Agents	$ 7,310.00	$ 6,850.00
Miscellaneous Receipts	2,524.91	432.00
	$ 9,834.91	$ 7,282.00
TOTAL	$1,026,240.44	$1,002,393.80
RESTRICTED INCOME NOT APPLIED	(39,756.26)	100,262.42
	$1,065,996.70	$ 902,131.38
PAYMENTS FROM INCOME		
Added to Principal	$ 5,846.01	$ 5,656.61
Expenses Paid from Funds and Miscellaneous	—o—	—o—
	$ 5,846.01	$ 5,656.61
TREASURER'S NET RECEIPTS	$1,060,150.69	$ 896,474.77
HOSPITAL EXCESS OF EXPENSES	1,109,348.36	873,997.87
DEFICIT—WITHDRAWN FROM GENERAL FUND PRINCIPAL	$ 49,197.67	$ (22,476.90)

* Includes United Community Services Allocation of $17,009.00 for 1966-67 and $18,501.00 for 1965-66.

GENERAL FUND

FOR ANY HOSPITAL PURPOSE	$(1,671,996.76)

GENERAL HOSPITAL FUNDS

	PRINCIPAL
FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos	$10,000.00
THE FULLER ALBRIGHT FELLOWSHIP FUND ..... Income to support a senior Fellowship in the Neurology Service.	24,183.69
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND ..... Under the direction of the Chief of the Surgical Service.	13,715.78
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND ..... Income for any Hospital Purpose.	80,283.00
THE LARZ ANDERSON FUND ..... For the benefit of the Arthritic Outpatient Department.	78,241.32
DR. BEECHER'S ANESTHESIA ENDOWMENT FUND ..... Income to be used to supply laboratory facilities or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	159,008.18
MARTHA B. ANGELL FUND ..... For medical and surgical experimentation on animals to the end of saving human lives.	34,040.82
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND ..... The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,147.25
JOHN ASHTON FUND ..... For diseased and wounded soldiers.	40,974.11
THE JOSEPH C. AUB FUND ..... Income to be spent for Cancer Investigation.	22,450.66
BAKER MEMORIAL FUND ..... For the Baker Memorial. Sundry Bequests.	108,774.79

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
BAKER MEMORIAL ASSISTANCE FUND ..... Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	$10,163.70
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND ..... Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	38,964.37
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	42,276.30
ARTHUR W. BLAKE FUND ..... Income for the study and cure of nervous diseases.	25,000.00
THE EDWARD F. BLAND FUND ..... Income to be used for the furtherance of cardiac research and related activities.	98,458.57
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND ..... Income for any Hospital purpose.	6,289.02
ANNIE BOLTON MATTHEWS BRYANT FUND ..... Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,093.70
ARTHUR TRACY CABOT FUND ..... Income for support of laboratories.	20,000.00
RICHARD C. CABOT FUND ..... For educational purposes in connection with the work of the Social Service Department.	50,255.02
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND ..... Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	1,010.00
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION ..... Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	$ 347,823.92
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,741.42
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	65,850.08
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,963.48
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000.00
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	991,877.48
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000.00
CONNECTING BUILDING FUND Income for Connecting Building.	10,000.00
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	223,659.35
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	185,880.94
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452.43
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000.00
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000.00

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	$35,500.00
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."	20,000.00
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.	32,470.41
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of Trustees of The Bessie Rochester Edwards Memorial Foundation ..... $55,914.20 Disabled Ex-Servicemen's Exchange, Inc. 10,250.16	66,164.36
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.	406,547.56
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.	20,114.22
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.	89,753.16
SARAH POTTER EVARTS FUND For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.	1,398.42
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only—preferably for West End children.	2,282.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND ..... Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	$ 25,000.00
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND ..... To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients as directed by the Social Service Department.	80,000.00
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	5,680.00
FREE BED FUNDS ..... Income for Free Beds. Sundry Gifts and Bequests.	4,627,873.40
GENERAL SURGERY FUND ..... Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	50,996.32
MRS. JOHN CHIPMAN GRAY FUND ..... For the purchase of books in foreign languages for the use of patients.	1,000.00
ALLAN W. HAMILTON FUND ..... For medical services in the Outpatient Department.	2,027.03
ABIGAIL R. HAZELTINE FUND ..... Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000.00
THE WILLIAM HILTON FUND ..... "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,053.58
CHARLES W. HOLTZER FUND ..... Income for general research work.	41,666.67
INCOME UNRESTRICTED FUNDS ..... Income for any Hospital purpose. Sundry Gifts and Bequests.	5,296.717.90

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	$ 25,797.20
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	53,943.60
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,113.99
THE PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	5,852.99
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	12,000.00
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000.00
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000.00
EMMA GILDERSLEEVE LANE FUND For cancer research, "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000.00
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000.00
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000.00
THE MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	$ 605,116.72

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,190.00
THE CAPTAIN MARTELL FUND ..... "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121.36
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND ..... Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	516.75
JAMES HOWARD MEANS FUND ..... To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150.00
JAMES C. MELVIN FUND ..... Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons particularly the young who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811.13
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 ..... Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189.47
ALBERT G. MITCHELL FREE BED FUND .... Income for the treatment of cancer with nonobligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,373.77
THE MITTON FUND ..... Income to be used for General Surgery purposes under the direction of Dr. Russell.	60,229.64
THE MIXTER FUND ..... ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	$ 82,098.44

GENERAL HOSPITAL FUNDS (Continued)

	Principal
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND ..... Income for Hospital uses for the alleviation of human suffering.	76,143.32
FANNIE EDSON MORRISON FUND ..... "Income . . . for the support of the Social Service Department."	711,320.97
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000.00
NORTH END DIET KITCHEN RESTRICTED FUNDS ..... "Income to provide diet for the sick poor."	11,366.78
NORTH END DIET KITCHEN UNRESTRICTED FUNDS ..... "To provide diet for the sick poor."	34,716.65
FLORENCE NUTE FUND ..... To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,278.57
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND ..... Income to be used for the purchase of pediatric literature for the Treadwell Library.	530.00
OUTPATIENT DEPARTMENT FUND ..... Income for needy patients.	6,879.71
EMERETTE O. PATCH FUND ..... For the use of the Baker Memorial.	8,240.84
PATHOLOGICAL LABORATORY AND RANDALL FUNDS ..... Income for Pathological Laboratory.	83,875.41
JACOB C. R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND .... Income for the Phillips House.	79,855.33
ELIZABETH ANNE PETERSON MEMORIAL FUND ..... Income to further the work of the Neurological Service.	20,678.55
PHILLIPS HOUSE NURSES LOAN FUND .... Income for loans to Phillips House nurses.	2,190.00

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH	$ 21,051.38
Income for investigation— *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second*: Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	
JOHN REDMAN FUND	455,113.34
Income for any purpose except erection or repairs of buildings.	
EDWARD PEIRSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE	15,000.00
"The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery—." Gifts of Dr. Richardson's Sons in Memory of their Father.	
JOHN FYFFE RICHARDSON MEMORIAL FUND	29,447.67
Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	
MAURICE HOWE RICHARDSON FUND	40,400.00
Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	
RICHARDSON TUBERCULOSIS FUND	276,141.63
"For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	
THE MARIAN MAHIN ROBB MEMORIAL FUND	7,581.04
Income for Cancer Research.	
ELSIE M. ROBBINS SOCIAL SERVICE FUND	12,814.55
For social service purposes in the Arthritis Clinic.	
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND	44,766.46
Income for the benefit of worthy needy persons.	

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY ELIZABETH SALTONSTALL FUND .... Income for the Social Service of the Hospital, "preference being given for the help and care of little children". Bequest of Philip L. Saltonstall.	$ 5,000.00
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,042,816.18
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	28,791.05
THE CHARLES L. SCUDDER FUND ..... Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000.00
GEORGE C. AND ANNE H. SHATTUCK FUND ..... Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000.00
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	1,570.10
EMMA H. SLADE FUND ..... For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,055.57
SOCIAL SERVICE FUND ..... Income for Social Service.	111,015.15
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,020.58
STAFF MEMORIAL FUND ..... Income to be expended by direction of the General Executive Committee.	3,811.00
SURGICAL INSTRUMENT FUND ..... Income for special surgical instruments.	6,475.00

GENERAL HOSPITAL FUNDS (Continued)

	Principal
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	$ 19,151.40
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000.00
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450.00
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	4,228.29
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	40,037.92
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555.00
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753.01
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000.00
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938.36
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,000.00
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067.19
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,573.62
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,730.30

GENERAL HOSPITAL FUNDS (Continued)

	Principal
GEORGE ROBERT WHITE FUND ..... "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.	$ 100,000.00
DR. JAMES C. WHITE NEUROSURGICAL FUND ..... Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.	1,224.66
GEORGE WIGGLESWORTH FUND ..... Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.	60,096.57
WOODEN LEG FUND ..... Income for wooden legs and other devices for diseased and injured legs. Bequest of Nathaniel I. Bowditch $5,000.00 Sundry Gifts 2,600.00	7,600.00
TEMPORARY FUNDS	3,443,157.18
TOTAL GENERAL HOSPITAL FUNDS	$28,087,839.80

BUILDING FUNDS

RADIATION THERAPY UNIT	$ 273,061.67
CHILDREN'S DEPARTMENT CONSTRUCTION	256,887.15
CLINICS BUILDING FUNDS	125,694.82
McLEAN BUILDING FUNDS	30,584.68
150TH ANNIVERSARY FUNDS	391,779.03
GRAY BUILDING FUNDS	10,031,697.75
MISCELLANEOUS FUNDS	1,918,323.74
TOTAL BUILDING FUNDS	$13,028,028.84

McLEAN HOSPITAL FUNDS

	Principal
EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	$ 10,000.00
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135.00
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	4,681.67
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000.00
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118.31
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,075.90
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000.00
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,004.84
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,187.45
GENERAL FUND For any Hospital purpose.	(760,221.41)
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205.24
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	4,154.21
WETHERILL FUND The income only to be used for the Wetherill Awards to graduates of the McLean Hospital School of Nursing. Gift of Dr. E. Stanley Abbott.	2,000.00

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	$ 24,283.63
E. STANLEY ABBOT FUND ..... Income to be added to principal for 25 years.	130,661.10
TEMPORARY FUNDS	131,371.40
TOTAL McLEAN HOSPITAL FUNDS	$208,657.34

FIDUCIARY FUNDS

BETTY DUMAINE FUND ..... To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	$ 5,254.53
FOSTER FAMILY FUND ..... "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C. H. W. Foster.	15,000.00
THE GEBBIE FUND ..... Income to be added to principal for 10 years.	247,792.19
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375.00
SARAH PROCTOR JOSLIN FUND ..... Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000.00
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	

FIDUCIARY FUNDS (Continued)

	Principal
FANNIE NEWELL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	$ 20,000.00
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	282,242.26
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000.00
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,889.84
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000.00
Temporary Funds	20,758.27
Suspense and Special Funds	36,690.93
TOTAL FIDUCIARY FUNDS	$ 658,946.02

SUMMARY

Principal Funds	$36,716,188.39
Temporary Funds	3,595,286.85
Funds Invested in Plant	33,374,883.89
Director's Accounts	9,393,099.45
	$83,079.458.58
Gain	331,002.75
Funds	$83,410,461.33

Examination of Accounts

February 2, 1968

To the Trustees
The Massachusetts General Hospital
45 Milk Street
Boston, Massachusetts

Sirs:

We have examined the balance sheet of The Massachusetts General Hospital as at September 30, 1967 and the related income statements of the General Hospital and McLean Hospital for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

Under the terms of pension plans adopted by the hospital, the hospital's portion of benefits payable to employees compensated from general operating funds of the hospital will be charged against operations as such benefits are paid. No provision has been made in the accompanying financial statements for the amount of the hospital's liability at September 30, 1967, for service benefits accruing to employees paid from general operating funds.

Subject to the explanation noted above, in our opinion, the accompanying balance sheet and related income statements, with their supporting exhibits, present fairly the financial position of The Massachusetts General Hospital at September 30, 1967 and the results of its operations for the year ended at that date, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

We have made a test check of the charges to income funds for special purposes for the year ended September 30, 1967 (including income arising from principal funds), in respect of the General Hospital and McLean Hospital funds. Based upon such examination and our review of internal control maintained in relation to funds, it is our opinion that charges made against the above-mentioned funds were properly chargeable thereto.

Patterson, Teele & Dennis

GIFTS AND BEQUESTS 1966-1967

GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	$837,644.40	
Gifts	56,731.94	$894,376.34

GENERAL HOSPITAL FUNDS

FULLER ALBRIGHT FELLOWSHIP FUND		
Gifts		$ 50.00
THE ARTHUR W. ALLEN RESIDENTS' TEACHING FUND		
Gifts		2,100.00
DR. BEECHER'S ANESTHESIA ENDOWMENT FUND		
Gift		16,575.00
BAKER MEMORIAL FUND		
Bequest of Christine M. Richardson		306.18
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND		
Gifts		75.00
THE JOSEPH S. BARR MEMORIAL FUND		
Gifts		11,012.77
THE EDWARD F. BLAND FUND		
Gifts		35.00
CANCER RESEARCH ENDOWMENT FUND		
Estate of Gertrude V. Williams	$ 8,552.64	
In Memory of J. Lothrop Motley	1,533.00	10,085.64
IDA M. CANNON MEMORIAL FUND		
Gift		25.00
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND		
Louise Cave Trust #2	$ 10,000.00	
Gifts	1,398.50	11,398.50
ETHEL WALCOTT CHASE MEMORIAL FUND		
Bequest of Nellie Gertrude Chase		1,000.00
MGH ENDOWMENT FUND FOR STUDY OF CHRONIC DISEASES		
Gift		5,000.00
THE WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND		
Gifts		25,027.87

INCOME UNRESTRICTED FUNDS		
Bequest of Maud E. Appleton	$ 34,647.34	
Bequest of Ethel Johnson	118.54	
Bequest of George M. Knight	599,776.25	
Gift	300.00	634,842.13
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND		
Gifts		3,800.00
THE PHILIP C. JOSLIN MEMORIAL FUND		
Gift		$ 25.00
THE VARAZTED H. KAZANJIAN FUND		
Gift		2,000.00
MARGERY AMORY KETCHUM MEMORIAL FUND		
Gifts		2,153.75
THE MALLINCKRODT FUND		
In Memory of Dr. James Howard Means		100.00
THE MITTON FUND		
Gifts		600.00
THE MIXTER FUND		
In Memory of William S. Matthie	$ 15.00	
In Memory of Albert N. Murray	510.00	
In Memory of Delbert H. Rhind	25.00	
Gifts	525.00	1,075.00
OUTPATIENT DEPARTMENT FUND		
Gifts		1,400.00
RESEARCH AND TEACHING FUND		
Gift		25.00
THE MARIAN MAHIN ROBB MEMORIAL FUND		
Gift		818.87
SCHOOL OF NURSING SCHOLARSHIP FUND		
In Memory of Mr. Frank Brown	$ 10.00	
In Memory of Mr. John Dolan	30.00	
In Memory of Mrs. John W. Keller	100.00	
In Memory of Nancy C. Mitchell	406.50	
Gift	25.00	571.50
THE TERRY SHUMAN MEMORIAL FUND		
Gift		50.00
EMMA H. SLADE FUND		
Bequest of Emma H. Slade		8,860.37
UNRESTRICTED FREE BED FUND		
Bequest of James G. Knowles	$ 9,000.00	
Bequest of Elizabeth Putnam	25,000.00	
Gifts	357.00	34,357.00
		$ 773,369.57

BUILDING FUNDS

GRAY BUILDING FUNDS		
Government Grant	$ 865,000.00	
Gifts	1,143.770.41	$2,008,770.41
MISCELLANEOUS BUILDING FUNDS		94,048.33
		$2,102,818.74

FIDUCIARY FUNDS

GEBBIE FUND	
Gift	$ 85,000.00
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND	
Gift	312.00
	$ 85,312.00

McLEAN HOSPITAL FUNDS

GENERAL FUND	
Gifts	$ 7,595.06
McLEAN BUILDING FUNDS	
Gifts	575.00
	$ 8,170.06
TOTAL PRINCIPAL FUNDS	$3,864,046.71

Income Funds

General Hospital Funds

Treasurer's Funds

ANNUAL FREE BEDS FUND		
Gift		$ 600.00
CURRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	$ 14,794.52	
Bequest of James O. Graves	113.12	
Gifts	350.00	
United Community Services	222,680.00	237,937.64
MISCELLANEOUS FUNDS		
Gifts		113,792.88
		$ 352,330.52

Funds For Special Purposes

Bequests		$ 21,879.12
Gifts		877,188.15
Grants—Government	$ 7,959.650.00	
Foundations	817,581.25	8,777,231.25
		$ 9,676,298.52

McLEAN HOSPITAL FUNDS

CURRENT EXPENSE FUND		
Gifts	$ 325.00	
United Community Services	17,009.00	$ 17,334.00
FUNDS FOR SPECIAL PURPOSES		
Bequests		7,310.00
Gifts		13,369.12
Grants—Government	$ 894,756.68	
Foundations	12,870.00	907,626.68
		$ 945,639.80
TOTAL INCOME FUNDS		$10,974,268.84
TOTAL PRINCIPAL FUNDS	$ 3,864,046.71	
TOTAL INCOME FUNDS	10,974,268.84	$14,838,315.55

Henry R. Guild
Treasurer

ONE HUNDRED AND FIFTIETH

ANNUAL REPORT

OF THE

McLEAN HOSPITAL

A DIVISION OF THE

MASSACHUSETTS GENERAL HOSPITAL

1967

OFFICERS AND STAFF, 1968

BELMONT

MASSACHUSETTS

MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

OFFICERS 1968

Honorary President
Phillips Ketchum

President
Francis C. Gray

Vice-President and Treasurer
Henry R. Guild

Secretary and Assistant Treasurer
George S. Weld

Trustees

1947	John E. Lawrence, Chairman, 177 Milk Street
1935	Francis C. Gray, 10 Post Office Square
1939	Henry R. Guild, 294 Washington Street
1943	Lloyd D. Brace, 67 Milk Street
1947	*Francis O. Schmitt, Ph.D., Department of Biology, Massachusetts Institute of Technology, Cambridge
1955	Philip H. Theopold, 294 Washington Street
1958	*Sidney R. Rabb, 393 D Street, South Boston
1962	Francis H. Burr, 225 Franklin Street
1963	George Putnam, 265 Franklin Street
1965	*Edward L. Bigelow, 225 Franklin Street
1967	*Joseph L. Tauro, 23 Central Avenue, Lynn
1968	G. Lamar Crittenden, 67 Milk Street

Honorary Trustees

1962	Francis W. Hatch, 2300 Prudential Center
1963	Phillips Ketchum, 294 Washington Street
1968	Ralph Lowell, 100 Franklin Street

McLEAN HOSPITAL COMMITTEE

George Putnam, *Chairman*

Ralph Lowell — Sidney R. Rabb

Francis de Marneffe, M.D., *Secretary*

***Appointed by the Governor of the Commonwealth**

Massachusetts General Hospital / McLean Hospital

OTHER MEMBERS OF THE CORPORATION

Mrs. Frank G. Allen
Philip K. Allen
James Barr Ames
John S. Ames, Jr.
Robert Amory, Jr.
O. Kelley Anderson
Mrs. David B. Arnold

G. Storer Baldwin
Mrs. James T. Baldwin
H. Brooks Beck
Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway

Mrs. Charles C. Cabot
Thomas D. Cabot
John P. Chase
Theodore Chase
Frederic C. Church
Edward D. Churchill, M.D.
Mrs. R. Morton Claflin
William H. Claflin, II
Charles E. Cotting
Charles C. Cunningham, Jr.

Mrs. Richard E. Danielson
Nelson Darling, Jr.
William R. Driver, Jr.
Miss Betty Dumaine
Robert R. Duncan
Charles J. Dunn

William Ehrlich
Alexander Ellis, Jr.

Nathaniel W. Faxon, M.D.
Mrs. Gardiner H. Fiske
Peter D. Fuller

Mrs. Francis C. Gray
Morris Gray

Edward B. Hanify
Roy J. Heffernan, M.D.
Edwin W. Hiam
Mrs. Robert Homans
Gilbert H. Hood, Jr.
Harvey P. Hood
Arnold W. Hunnewell

William T. Kemble
Sen. Edward M. Kennedy
Mrs. Wheaton Kittredge

Miss Aimee Lamb
Allen Latham, Jr.
Henry A. Laughlin
Franklin A. Lindsay
Alfred L. Loomis, PH.D.
Joseph W. Lund
Arthur T. Lyman

Francis P. McCarthy, M.D.
John H. Meyer
James Jackson Minot
Stephen P. Mugar

Richard M. Nichols

George Olmsted, Jr.
James H. Orr

Miss Amelia Peabody
Mrs. Sumner Pingree

William M. Rand
Miss Anna P. Revere
Atty. Gen. Elliot L. Richardson
Irving E. Rogers

Joseph Santosuosso, M.D.
Rt. Rev. Henry K. Sherrill
Alan Steinert
Mrs. Abbot Stevens
Raymond S. Stevens
John O. Stubbs

Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello

John B. Vernaglia, M.D.
F. Frank Vorenberg

Mrs. Edwin S. Webster
Edward A. Weeks, Jr.

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. Psych. Nurs., M.S.H.A., (F) A.C.H.A.

Assistant Administrators
David B. Balise, R.N., M.P.H., (M) A.C.H.A.
Willa F. Pasho, B.S., (N) A.C.H.A.

Executive Assistant
Catherine R. Conroy

DIRECTORS OF DEPARTMENTS

Accounting
Thomas J. Burley, Comptroller

Activity Therapies
James A. Garland, M.S.S.S.

Building Service
James C. Shuttle

Dietetics and Food Service
Veda Rochette, B.S. in Ed., A.D.A.

Grounds and Transportation
Howard R. Gallant

Laundry
Arnold O. Tompkins

Medical Records
Charlotte Lauritano, B.S.

Patient Education
John F. Dunn, M.A.

Personnel
John E. Lowe, B.B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.
John J. Blanchard, Assistant

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Barbara R. Hopkins, B.A.

Purchasing
Alexander Armour

Social Science
Richard H. Longabaugh, Ed.D.

Social Work
Golda Edinburg, M.S.S.S.

Assistant Director of Nursing Service
Daniel H. Lennox, R.N., M.S. in Nurs. Ed.

Assistant Director of School of Nursing
Mildred C. Makin, R.N., Ed.M.

McLEAN HOSPITAL STAFF AS OF FEBRUARY 1, 1968

Consulting Staff

Mark D. Altschule, M.D., *Clinical Physiologist*
Erich Lindemann, M.D., *Psychiatrist*
Harry C. Solomon, M.D., *Psychiatrist*
Paul D. White, M.D., *Cardiologist*

MEDICAL STAFF

Director

Francis de Marneffe, M.D.

Psychiatrist in Chief

Alfred H. Stanton, M.D.

Associate Director of Clinical Psychiatry

Paul M. Howard, M.D.

Psychiatrists

Edward M. Daniels, M.D.
Leon Eisenberg, M.D.
Stanley H. Eldred, M.D.

Attending Psychiatrists

Morris H. Adler, M.D.
Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
William F. Murphy, M.D.
Henry Wermer, M.D.
Norman E. Zinberg, M.D.

Associate Psychiatrists

Jacob Christ, M.D.
Howard T. Hermann, M.D.
Irene Jakab, M.D.
Peter B. Jenney, M.D.
Maria Lorenz, M.D.
Alan A. Stone, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Arthur J. Cain, M.D.
James A. Haycox, M.D.
Richmond Holder, M.D.
Arnold H. Modell, M.D.
*Mathew Ross, M.D.
Suzanne T. van Amerogen, M.D.

Assistant Psychiatrists

Jane Bain, M.D.
Jane M. Berman, M.D.
Irving D. Bornstein, M.D.
Enid Caldwell, M.D.
Paul R. Dinsmore, M.D.
Martin A. Miller, M.D.
Egbert H. Mueller, M.D.
Jalna Ann Perry, M.D.
Michael D. Robbins, M.D.
Phelps M. Robinson, M.D.
Harvey M. Shein, M.D.
Harold W. Williams, M.D.
Sheldon D. Zigelbaum, M.D.

*On leave of absence

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Ruth B. Beuscher, M.D.
Lloyd M. Caplan, M.D.
Franklin Carter, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Peter T. Choras, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Hadassah S. Daniels, M.D.
Edwin M. Davidson, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Thomas Frank, M.D.
Leonard J. Friedman, M.D.
Sidney Green, M.D.
Ramon M. Greenberg, M.D.
Carlos Hudson, M.D.
Phillip Isenberg, M.D.
Melvin M. Kayce, M.D.
George B. Lawson, M.D.
Zenos M. Linnell, M.D.
John B. Livingstone, M.D.
Richard Sens, M.D.
William D. Temby, M.D.
Robert M. Weiner, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederick E. Whiskin, M.D.
Edward L. Zarsky, M.D.

Clinical Assistants in Psychiatry

Joseph H. Brenner, M.D.
Richard D. Budson, M.D.
Eda M. Kahana, M.D.
Alexandra (Kail) Rolde, M.D.
John B. Spillane, M.D.
Lawrence A. Stone, M.D.
*Larry H. Strasburger, M.D.
Robert H. Trivus, M.D.

**Clinical Fellows in Psychiatry*

Leslie Brooks, M.D.
Corbett Campbell, M.D.
Maurice C. Cion, M.D.
Woodrow M. Donovan, M.D.
Eddie H. Harris, M.D.
Robert P. Hopkins, M.D.
Ronald O. Hurston, M.D.
Robert Leff, M.D.
Hugh J. Lurie, M.D.
†Nancy J. McDonnell, M.D.
Amos Nahor, M.D.
Fredric J. Phillips, M.D.
Mark W. Rhine, M.D.
Dora F. Scaliter, M.D.

Resident Psychiatrists

William Alexander, M.D.
‡Stuart H. Bartle, M.D.
Stephen B. Bernstein, M.D.
Daniel Birger, M.D.
N. Scott Craven, M.D.
David D. Griffith, M.D.
Joseph H. Herzberg, M.D.
§Matthew E. Levine, M.D.
‖Michael D. Murphy, M.D.
‖Stephen C. Padnes, M.D.
‖Richard R. Paquette, M.D.
Robert D. Patterson, M.D.
‖Joseph G. Perpich, M.D.
Daniel Shaw, M.D.
Franklin S. Simon, M.D.
¶Michael Sperber, M.D.
Robert Stern, M.D.
Alfredo T. Suescum, M.D.
‖Philip Sullivan, M.D.
Paul Torop, M.D.
Jerry Wacks, M.D.
Robert Weinstock, M.D.
‖David J. Wood, M.D.
Martin Yellen, M.D.
Bernard S. Yudowitz, M.D.

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*On leave of absence July 1, 1967 to July 1, 1969 (Military Service)
*Through June 30, 1968
†Through October 17, 1968
‡On affiliation from MGH, Sept. 1, 1967 thru Feb. 29, 1968
§Through August 30, 1968
‖On affiliation from MGH, Jan. 1, 1968 thru June 30, 1968
¶Through December 18, 1968

Clinical Assistants in Medicine

Hershel Jick, M.D.
Willem Linscheer, M.D.
Lloyd G. Potter, M.D.
Dennis Slone, M.D.

Neurologist

Pierre M. Dreyfus, M.D.

Consultant in Electroencephalography

John A. Abbott, M.D.

Assistant Dental Surgeon

William H. Tingey, Jr., D.M.D.

Radiologist

Majic S. Potsaid, M.D.

RESEARCH DEPARTMENT

Director of Scientific Research

Jordi Folch-Pi, M.D.

Neuropathologist

Alfred Pope, M.D.

Associate Neuropathologist

Helen H. Hess, M.D.

Associate Biochemists

George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Lewis C. Mokrasch, Ph.D.
Pierre J. Stoffyn, Ph.D.

Assistant Biochemists

Joseph Eichberg, Jr., Ph.D.
Afzal A. Khan, Ph.D.
Anne Marie Stoffyn, Ph.D.

Research Fellows in Neuropathology

Larry J. Embree, M.D.
Raymond J. Lasek, Ph.D.

Research Fellows in Biochemistry

Risto Bokanjic, M.D.
Francisco Gonzalez (Sastre), M.D.
Kohei Hayashi, M.D.
Jerzy Hildebrand, M.D.
Jorge Alberto Leston, M.D.

DEPARTMENT OF ACTIVITY THERAPIES

Director

James A. Garland, M.S.S.S.

Occupational Therapy Supervisor
Iris Carroll, O.T.R., B.A.

William Balmer
Doreen Hartley
Jeremy B. Jackson, B.S.
Emilie Valla, B.S.
Elaine Woldorsky, O.T.R., B.S.

Recreational Therapy Supervisor
Robert Pilsbury, M.Ed.

Nancy Annis, A.B.
Joel Davidson, B.A.
Marijayne Falwell, A.A.
Angelo Marotta, B.S.
Nancy J. Olds

Creative Arts Supervisor
Helga Haendel

Octavia Chater
Christie Phillips, B.A.

Music Therapy
Rachel A. Farmer, M.T.R., B.S.
Paul D. Roberts

Patients' Library
Claire R. Coffey, B.A.

Vocational Rehabilitation Counselors
Thomas S. Higgins, M.S.
Joyce H. Miller, M.Ed.

Director of Volunteers
Dorothy M. Muller, M.S.W.

DEPARTMENT OF PATIENT EDUCATION

Director, Patient Education
Headmaster, Arlington School
John F. Dunn, M.A.

Dean
Dorothy Wever, A.B.

Instructors in English
Deborah Guzzetti, A.B.
Kenneth McElheny, M.A.
Patricia Neuman, M.A.

Instructor in Mathematics
Jeremiah McCarthy, A.B.

Instructor in Mathematics and French
Celeste Andrade, B.A.

Instructors in History
John MacVicar, M.A.
Gordon Silverman, M.A.

Instructor in Biology and Chemistry
John Willey, B.S.

Instructor in French and Spanish
Aviva Ginsberg, B.A.

Instructor in Art
Helga Haendel
Christie Phillips, B.A.

Instructor in Music
Elizabeth Esterman, M.A.

Librarian
Ellen Chvany, A.B.

Instructors in College-Level Program

Literature
Joseph Walsh, M.A.T.

Government
Ned Rosenbaum, M.A.

Research Associate in Education
William C. Kvaraceus, Ed.D.

Associate Psychologist
Helen J. Kenney, Ed.D.

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist
Irene Pierce Stiver, Ph.D.

Associate Psychologists
Richard J. Bonier, Ph.D.
Helen J. Kenney, Ed.D.
(Department of Education)
Norbett L. Mintz, Ph.D.
Robert D. Schnitzer, Ph.D.
Marvin Snider, Ph.D.
Ralph G. Semon, Ph.D.
Lewis J. Sherman, Ph.D.

Assistant Psychologists
Sophie B. Mintz, Ph.D.
Scott A. Reinhardt, M.A.

Fellows
Alvin Pam, M.A.
Carter Umbarger, A.B.

Interns

Robert M. Dick, II, B.A.
Lois A. Levin, M.A.
Carl I Rubinroit, M.S.
Abby H. Wolk, M.S.

DEPARTMENT OF PUBLIC RELATIONS

Director

Barbara R. Hopkins, B.A.

Public Relations Assistant

Gail I. Eaton, M.A.

DEPARTMENT OF SOCIAL SCIENCE

Chief and Assistant Social Scientist

Richard H. Longabaugh, Ed.D.

Associate Sociologist

Rose L. Coser, Ph.D.

Assistant Social Scientists

Ronald L. Nuttall, Ph.D.
Leonard F. Solomon, Ph.D.

DEPARTMENT OF SOCIAL WORK

Director

Golda M. Edinburg, M.S.S.S.

Supervisors

James A. Garland, M.S.S.S.
(Social Group Work)
Shirley Goldstein, M.S.S.
(Outpatient Clinic)
Constance A. McGrath, S.M.
Martha M. Norton, M.S.W.

Psychiatric Social Workers

Marcia Abramson, M.S.S.
Karen Andrews, M.S.S.W.
Harriet Baxter, M.S.S.
Lynn Carp, M.S.S.
(Outpatient Clinic)
Laura Coleman, S.M.
Irene M. Daitch, M.S.S.S.
Eugenia Dromey, M.S.W.
Shirley Greenberg S.M.
(Outpatient Clinic)
Frances Grey, S.M.
(Outpatient Clinic)
Stella Hartz, M.S.S.S.
Margaret Mayeda, M.S.S.S.
Susan Morse, S.M.
(Outpatient Clinic)
Barbara L. Schwartz, S.M.
Ann Sheingold, M.S.S.S.
(Outpatient Clinic)
Suzanne Vogel, S.M.
(Outpatient Clinic)
Anne Wallens, S.M.
Carol Weinberg, M.S.S.
(Outpatient Clinic)
Eve Welts, M.S.S.S.

Research Social Worker
Mollie Grob, S.M.

Social Group Workers
Jane Compton, M.S.S.A.
Dorothy M. Muller, M.S.W.
(Director of Volunteers)

UNIT HEADS

Mail and Patients' Receiving
George B. Durham, R.N., Th.M.

Physical Therapy
Thomas A. Crapo, R.N., R.P.T.

Libraries
Hector Bossange, M.A.

X-Ray
Herbert A. Davidson

DEPARTMENT OF NURSING AS OF FEBRUARY 1, 1968

Director Emerita
Margaret C. Tibbetts, R.N., B.S.

NURSING SERVICE

Assistant Director of Nursing Service
Daniel H. Lennox, R.N., M.S.

Nursing Service Supervisors
Katheryne D. Davidson, R.N.
Rose Marie Hobson, R.N., B.S.
Audrey S. Hurley, R.N.
Virginia B. Ladd, R.N.
Elinor O'Shea, R.N.
John P. Pitcherale, R.N., M.S.

Clinical Nursing Supervisors
Miss Marguerite Conrad, R.N.
Mrs. Patricia Powers, R.N., M.S.

Clinical Nursing Supervisors (Acting)
Miss Diane Bosse, R.N.
Mr. Gerald F. Ellsworth, R.N.
Mrs. Carolyn K. Goodwin, R.N.
Miss Nancy Greene, R.N., B.S.
Miss Mary E. McIntire, R.N., B.A., B.S.
Mr. Verne E. Moberly, R.N.
Mrs. Marian G. Walsh, R.N.

Coordinator of Training in Clinical Nursing
LaVonne E. Davidson, R.N., M.S.

SCHOOL OF NURSING

Assistant Director of School of Nursing
Mildred C. Makin, R.N., Ed.M.

McLean Hospital School of Nursing Advisory Committee

Mrs. John D. Aikenhead, *Chairman*

Miss Helen Brownrigg
Mr. George B. Durham
Mrs. Phillip H. Gates
Miss Lillian Goodman
Mrs. Frank H. McGowan
Mrs. Robert E. Nelson
Miss Alice M. Stueks
Francis de Marneffe, M.D., *Ex-officio*
Paul M. Howard, M.D., *Ex-officio*
Miss Hilda Mertz, *Ex-officio*

Mrs. Mildred C. Makin, *Secretary*
Mrs. Robert Homans, *Honorary Life Member*
Miss Margaret C. Tibbetts, *Honorary Life Member*

Instructors in Psychiatric Nursing

Caroline Bailey, M.S.N.
Rose Barile, M.S.
Janet Hart, B.S.N.
Herbert Mallinson, M.S.N.
Lynda McPeek, M.S.
Patricia Tyra, M.S.
Jane Walsh, B.S.N.

Instructor in Nursing

John Grady, R.N., Ed.M.

Head Nurse, Health and Operating Room

Margaret Warren, R.N.

Clinical Nursing Consultant

Ida O. Pelletier, R.N., M.A.

Report of the Director
1966-1967

I AM PLEASED to submit this report to the Trustees, my sixth as Director.

Hall-Mercer Agreement

During the past year several steps have been taken to implement the hospital's Program of Development.

Without question the most important step taken was the agreement reached between the McLean Trustees and the Trustees of the Hall-Mercer Hospital to establish a child psychiatric hospital at McLean. Since we have never admitted patients under the age of 13, we were extremely pleased at the prospect of rounding out our services by treating children. We will care for them as inpatients, day care patients, and outpatients and will provide educational facilities as well as psychiatric treatment. We expect the building to house this program to cost a million and a half dollars, with $900,000 being received from Hall-Mercer and the rest from matching federal funds. By the end of 1967 we were on the threshold of converting ideas into preliminary plans and had engaged the architectural firm of Perry, Dean and Stewart to prepare this work.

Community Planning

The hospital continued its talks with the other institutions in the Belmont-Waltham-Watertown area concerning the facilities and services required to meet the mental health needs of the local community. With the passage of the Community Mental Health Centers Act and the appointment of Dr. Milton Greeblatt as Commissioner of Mental Health the stage was set for a quickening of activities on this front. The problem will be how to devise various administrative methods to insure collaboration between the several institutions in order to provide a broad range of mental health services, and how to attract sufficient manpower. We shall continue working toward this end, but it should be emphasized that this role for McLean will not be a substitute for our traditional work of treating patients with the whole range of psychiatric disturbances who come from all over

the country and abroad. In other words, our community commitments will be in addition and not instead of our established work.

Architectural Study

Since the Program of Development for McLean dealt only with the function of the hospital and not physical structures, Perry, Dean and Stewart was asked to review the existing physical plant and to prepare a master plan for presentation to the Trustees in 1968.

While the present architectural style (widely separated buildings) has some therapeutic merit and many of us have a nostalgic attachment to this arrangement, the weight of evidence supports the view that the present buildings no longer provide an adequate structure in which to conduct today's therapeutic, teaching and research programs. At the risk of oversimplifying, the reasons for this can be summarized as follows: 1) Most of the buildings were built 75 years ago and during the first half of the century received insufficient maintenance; 2) The structure of the buildings—the plaster, the painting, the electrical and heating systems—are antiquated, costly to operate and inefficient; 3) Reorganization of the interiors will not provide sufficient space for the increased professional staff now needed to treat patients and enough living space for an economically adequate number of patients.

The architects have recommended that all existing patient buildings be replaced over the next ten or twenty years. The estimated cost of such an undertaking at this time is 20 million dollars. It was clear that the only possible way to carry out this program was to replace a few buildings gradually over a period of time. At the end of the fiscal year the administration and the architects were working on this and we were preparing a proposal for the Trustees involving the replacement of four patient buildings.

The Laws and Hospitalization

The work of the Special Legislative Commission on Mental Health was mentioned in my last report. It is relevant to the hospital because of the laws governing admission and discharge of patients in psychiatric hospitals. The hospital was pleased to serve as host to an all-day seminar sponsored by the Massachusetts Association for Mental Health and attended by an impressive galaxy of talent from the

psychiatric, legal, law enforcement and judiciary professions as well as the staff of the Special Commission. In the course of this symposium the gap between conflicting professional viewpoints was narrowed and there was reason to hope that the legislation presented by the Special Commission would ultimately be passed by the Legislature with important results for the care and protection of patients in psychiatric hospitals.

Community Relations — A Symposium, an Open House, a Benefit

During the fall the hospital undertook two major projects in public education. The two-day Psychotherapy Symposium was aimed at the professional community to convey the substance of the clinical work being done at the hospital.

In the last decade short-term hospitalization or avoidance of hospitalization has been emphasized. The goal of treatment has often been to return patients to the community as quickly as possible or to keep patients in the community while they achieve "social recovery."

The Psychotherapy Symposium served as a reminder that many patients with severe psychotic illnesses and behavior disorders required various periods of hospitalization. The papers presented described how the combination of a therapeutic environment, intensive psychotherapy, medication and activity therapies were brought to bear productively upon patients' illnesses.

The Community Open House was the most ambitious effort undertaken by the hospital to welcome the lay public. It was planned to achieve three purposes: to contribute to the education of the general public on matters of mental illness and its treatment; to clarify the way in which the hospital works in the clinical, teaching and research areas; and to emphasize the hospital's intention to contribute more in the future to the development of community mental health programs. This program was accomplished by a large number of staff members showing about 2,000 visitors around various hospital buildings and describing the various programs, by a new slide tape presentation, by talks, and by answering questions.

In planning the Community Open House we were acutely aware of the dilemma of an institution which should on the one hand publicize the work which it does, yet on the other hand must protect the privacy of its patients. This dilemma was recently illustrated by

the furor that accompanied the presentation of "Titicut Follies", a privately produced movie of certain aspects of Bridgewater State Hospital. The movie is a moving pictorial representation of appalling human misery which cannot fail to activate one as a private citizen to demand action to abolish the circumstances in which such human misery prevails. Yet, at the same time, because the inmates appear naked, physically and psychologically, their privacy is seriously invaded. Certainly they can be identified by their friends, families and neighbors, and medical information is not kept confidential.

Can any political or social end, however worthy, justify a breach of medical ethics? As a citizen one may believe that such misery should be publicized in order to correct the circumstances which cause it. But as a physician one must stand for the medical ethical tradition which is older than any political system, even though not legally protected. The patient's right to privacy must remain inviolate and his communications to his physician must be kept in complete confidence. Since public opinion is a powerful force in changing institutions, it is necessary that we devise better ways of informing the public without overlooking medical and ethical considerations.

Another important event in the cementing of the relationships between the hospital and the community resulted from the intensive work of the hospital Auxiliary. For the first time in the hospital's history a large benefit, opening night at the Circus, was organized by the Auxiliary under the presidency of Mrs. James Haycox with the help of a large Benefit Committee under the co-chairmanship of Mrs. Charles Coolidge, Jr., and Mrs. George Nardi. The success of this venture should be gauged not only by the substantial sum of money raised for the hospital, but more importantly, by the opportunity the Auxiliary gave us to convey to large numbers of people some of our work, our assets, and also some of our financial needs.

The Era of Drugs

The changing emotional problems which afflict the younger generation are forcing us to review our therapeutic programs and our methods of dealing with pathological group behavior. The growing use of drugs by the youthful population as a whole, which is of such serious concern to the community, has resulted in an increasing number of adolescents being admitted to the hospital. Taking drugs

has become a significant symptom of their emotional problems. The courts seem to be more aware than formerly of the psychological determinants of asocial behavior and as a result courts now more frequently substitute recommendations for treatment in a mental hospital for punitive solutions. It is clear that if the hospital is to continue to play its role in meeting the health needs of the community we shall be admitting drug users in increasing numbers and it behooves us to develop the therapeutic techniques to deal with these patients individually and as a group as rapidly as possible. This demand may require reversing the trend of the last decade toward fewer restrictions, at least for this group of patients. What has been a therapeutic way of dealing with individual psychotic behavior may not be effective when dealing with this type of behavior among a different group of patients. We need to do more to understand the group psychology behind this mass phenomenon.

For the second consecutive year patients from the male disturbed hall spent a week at Camp Wediko in New Hampshire arranged through the good offices of Dr. Robert Young and Dr. Richmond Holder. Under the leadership of the psychiatric and nursing staff of the hall, a group of patients has benefited from a very therapeutic experience in group living, including sports and other activities in a more varied and less confining setting than the hall.

The Past Five Years — A Bird's-eye View

The completion of five years as Director gives me the opportunity to review what has been accomplished and what remains to be done.

During the seven years prior to my becoming Director, the hospital changed from providing much custodial care for elderly and chronic patients to becoming a more active treatment center for both acute and chronic patients of all ages. The clinical program was fundamentally altered through the tremendous expansion of the psychiatric staff, the creation of a social work department and social science department and the development of a large residency training program in psychiatry. Significant steps were also taken to foster patients' continued contact with their communities through the development of a day care program serving both outside patients needing limited structured psychiatric support and inpatients who could be discharged to Day Care when ready to move from total to partial hospitalization. The community was invited to participate in

the work of the hospital through the development of a volunteer program and the hospital Auxiliary.

The preceding description hardly covers the many changes which occurred between 1955 and 1962 but are mentioned as illustrations of profound changes the hospital underwent during that period of time.

At the time of the reorganization of the hospital in 1962 it was clear that the scope and depth of the changes mentioned above outpaced our ability to coordinate and incorporate them into the existing administrative structure. It also outpaced the hospital's ability to support them financially. The monetary plight at that time was partly the result of rising costs, a fluctuating patient census, and increasing demands for maintenance of patient buildings which had been neglected for too long.

From the outset the new administration considered it vital for the future of the hospital that it be put on a sound financial basis. The administration was further determined to do so without cutting back on existing services and in fact wanted to expand those services which needed it.

It is extremely gratifying that for the past five years operating income and expenses have on the average been balanced, a significant change from the repeated deficits of earlier years. Several factors seemed to have played a part in balancing the operating budget. First the hospital has had a consistently high census of inpatients coupled with an increased number of day care, night care, and outpatients. This high census has been maintained in spite of annual increases in the hospital's rates and in fact this past year the hospital had a waiting list for more than half the year. It is clear that the hospital continues to maintain a high reputation which brings us patients from all over the country and overseas and that there are more patients able to afford our treatment than we can accommodate. With the continuing growth of the general population and the expansion of psychiatric coverage in insurance programs, we expect this situation to continue. Therefore, as far as our being able to maintain a firm financial basis in the day to day operation of the hospital, there is substantial reason for optimism.

Another accomplishment has been the strengthening of many departments in the hospital. New department heads were appointed for the Arlington School and the Activity Therapies Department.

The school has both strengthened its faculty and has greatly increased the student body. The Activities Department has both expanded and achieved a higher level of professional service. The Social Work Department and the Psychology Department have also continued to expand and a joint internship in psychology was started in 1964 with the Beaverbrook Guidance Clinic.

The first new patient building in almost half a century, the Rehabilitation Center, was built with funds raised during the 150th Year Anniversary Drive and with matching funds from the Federal Government. It was opened in 1963. It has proved to be a great success though it has whetted the appetite of patients, staff and visitors alike for more new buildings at McLean.

In 1964 the Outpatient Clinic opened to serve individuals requiring outpatient psychiatric care who could not afford private psychiatric fees. An EEG lab was developed through private contributions. A Department of Public Relations was created to plan public relations programs to reach people closely and distantly associated with the hospital, to edit and produce publications, to deal with the press, and to generally foster better understanding of the hospital in the community. A significant step in publicizing the work of the hospital was the publication of a Sunday *Globe* Supplement in May of 1964 through the generosity of Mr. Edward Mallinckrodt. During this year the psychiatric staff played a major role in a Lowell Lecture series on the psychiatric hospital in 1964 sponsored by the Lowell Institute. The expansion of the clinical, teaching and research programs which has taken place in the past five years has required strengthening of the supporting service departments under the leadership of Mr. Henry Langevin.

Once the hospital's financial position had improved and necessary reorganization of various departments had been accomplished, we turned our attention towards future planning.

The hospital's past history, its assets and liabilities, its present function and potential future directions were reviewed and incorporated in a Program of Development for McLean, which was approved in principle by the Trustees in December of 1965. Since the Program only addressed itself to defining the ideal function which the hospital ought to be fulfilling, the next step was to review the hospital's physical plant and draw up a tentative master plan for new construction.

What Are We Today?

Two of the major recommendations approved by the Trustees are being implemented at the present time—the move into child psychiatry and the exploration of our role as a partner in a local community mental health center.

The nursing profession is currently in a period of transition. This is particularly true of psychiatric nursing, which is in the process of defining its role both in general and in psychiatric hospitals. Conflicting views concerning the role of psychiatric nurses have been reflected in the hospital's Nursing Department with the phasing out of the three-year diploma course in the School of Nursing and with new programs in graduate nursing education which are now being planned.

The need to strengthen the clinical program through the creation of an additional senior academic position in the Psychiatry Department has long been felt and approved in principle. With the appointment at the end of the year of an *ad hoc* Committee to select a Psychiatrist in Chief, the necessary step has been taken to accomplish this objective.

When these issues in the Psychiatric and Nursing Departments have been resolved we shall be in a very strong position indeed. We will have established the hospital's operation on a solid financial foundation. We will have made major decisions concerning future directions in the context of the hospital's past and present. We will have taken important steps in developing a master plan for future hospital construction. We are ready for the next step, which is to embark on the raising of funds from private sources, foundations and the government to convert the dreams of the future McLean into reality.

FRANCIS DE MARNEFFE, M.D.
Director

Report of the Administrator

1966-1967

DUE to a substantial increase in hospital costs the basic room and care rate was increased from $45 to $50 per day on October 1, 1966. The fiscal year ended with a net deficit of $49,198 as compared with a budgeted deficit of $79,153. Net operating income increased 13.6% over the previous year while expenses increased 15.5%. Deductions from income amounted to $501,371 or 9.4% of total patient income. Of this amount $382,215 represented free care given to patients at less than standard rates. The overall cost per patient day of $61.89 represented a 12.4% increase over the previous year.

Salaries and wages represented 71.4% of total expenses. Since 1950 salaries and wages have increased 340% while other expenses have increased 126%, salaries and wages have been and will continue to be the most significant component of hospital costs. Further acceleration is anticipated at least for the next few years until a competitive position is reached with business, industry, and government.

Of the 311 inpatient hospital admissions during the past year, 257 (82.6%) were covered by various types of hospitalization insurance including Medicare. The amount recovered from insurance was approximately $790,000 or 16.2% of net patient billings for the year. The amount of insurance recovery from Medicare admissions represented 16.8% of the total insurance recovery. The average insurance recovery amounted to $3000 per case which represented approximately 50 days of inpatient hospital care. As of this date the discrimination against the private psychiatric hospital by third party payers including the Medicare Program continues to exist even though psychiatric hospital benefits have improved during the past year. The restricted definition of a hospital used by some carriers, that a hospital must have facilities for major surgery on the premises, is being reviewed at this time and probably will be changed by some companies in the near future. However, the private psychiatric hospital, in order to be eligible for participation under these insurance plans, may be required to be accredited by the Joint Commission on Accreditation of Hospitals or qualified to participate under the Medicare Program.

The architectural firm of Perry, Dean and Stewart prepared "A Plan for the Development of the McLean Hospital." The architectural firm concluded that no building on the site with the exception of the Research Laboratory, Rehabilitation Center, and with the possible inclusion of the Administration Building be considered unexpendable in the future development of a new hospital. The architects recommend that the future decisions at the hospital be made with a view towards short-range (5 to 10 years) retention and eventual replacement of the majority of the existing structures.

During the year $261,226 was expended for capital improvements including $115,607 on past year projects. Major projects undertaken during the year included renovation of the hospital cafeteria, completion of phase II of the roadway lighting program, upgrading of numerous office areas, installation of water coolers on eight patient units to complete the scheduled installation of one cooler per unit, partial remodeling of the Gymnasium, installation of an automatic air whistle for disaster and fire emergencies, remodeling of the Codman House I kitchen, installation of special electrical outlets on all patient units fed into the emergency hospital generation system, replacement of the main hot water supply lines to East House and South Belknap, replacement of the floor and steam pipe returns in the Service Building basement corridor, installation of central air conditioning in the Service Building first floor office area, installation of modern fluorescent lighting throughout the tunnel system on both normal and emergency circuits, and installation of an exterior wheelchair ramp at the main front entrance to Proctor House.

Routine plant and maintenance activities included exterior painting of Appleton, Higginson House, and North Cottage. A program of complete and thorough stripping of old paint build-up has been undertaken to eliminate lifting, peeling, and checking of new paint. This program although time consuming will improve the condition of the buildings. The interior paint schedule included Appleton, Men Nurses Home, Proctor House I and II, Bowditch, Upham, and miscellaneous areas throughout the hospital.

Completion of the first full year of operation on automatically controlled boilers and elimination of the steam engines have resulted in a net saving of $38,157 in salaries and fuel oil. This saving was partly offset by an increase in the cost of alternating current of $15,900 resulting in a net saving of $22,257. One of the most

significant savings has been in fuel oil consumption. From 1960 through 1967 fuel oil use has decreased approximately 50% from 1,300,000 gallons to 664,000 gallons. The 7,644 maintenance requisitions processed during the year represented a substantial increase over the previous year.

The grounds and roadway systems of the hospital were maintained in good condition during the year. The continued increase in vehicular traffic at the hospital has created a number of problems primarily related to parking and snow removal. During the year hospital vehicles traveled 64,000 miles, a slight decrease from the previous year. The shuttle service to Waverley Square has been expanded to include patients as well as staff. The expansion of hospital programs and increased departmental work load will require additional departmental personnel, especially a grounds foreman to assume the responsibility for all grounds activity. It is proposed that next year the South Parking Area be hard-surfaced and expanded to accommodate an additional 70 cars.

Providing an adequate and efficient patient food service has been, and continues to be, a major problem. The use of the hospital cafeteria for patient meals has been expanded to include weekend breakfasts and is now available for patients 11 out of the possible 21 meals per week. The patient cafeteria weekend breakfast food service is being reviewed at this time and the possibility of providing full-time cafeteria breakfast service to patients explored. Approximately one-third of the inpatients use the cafeteria for evening and weekend meals. Renovation of the cafeteria should be completed early next year and is eagerly awaited by both staff and patients.

In February, Mr. Charles J. Hillsdale resigned as Director of Building Service Department and was replaced by Mr. James C. Shuttle in March. Mr. Shuttle, recently retired from the Medical-Administrative Corps of the United States Navy, brings to the hospital many years of experience in administration, sanitation, and food service. The activities of the department are being evaluated at this time for the purpose of ultimately consolidating all building service functions in one department including the responsibility and care of carpeting, drapes, and furnishings.

During the year the Laundry continued to be upgraded and to absorb additional functions and services. The transfer of patient luggage, property, and dry cleaning from the Patients' Receiving

Unit has resulted in a more efficient and practical method of providing these services. Rearrangement of work flow and time schedules has promoted greater efficiency and a more pleasant working environment. The color coded inventory control system was completed, thereby providing a monthly analysis of linen inventory and the opportunity to pinpoint areas of excessive loss. Responsibility for control of new linen was transferred from the Laundry Department to the Purchasing Department and is being handled as a perpetual inventory item. Maximum utilization of the modern press equipment has resulted in a reduction in the number of press operators and a subsequent reduction in cost of piece work from 47¢ to 38¢ a pound.

The work load of the Medical Records Department increased again during the year and required an additional two and a half clerical positions to provide adequate service. In September Miss Joan Gratto resigned as Medical Records Supervisor and was replaced by Miss Charlotte Lauritano. The department has outgrown its present quarters and will be relocated to more attractive and spacious quarters in the Center Building.

Higher wage schedules and extensive newspaper advertising has minimized the effect of a highly competitive and limited labor market and made it possible for the hospital to be more selective in its choice of employees. On October 1 the hospital minimum wage was raised from $1.50 to $1.60 per hour and the starting salary for registered nurses from $5000 to $6000 per year. During the year 1289 applicants were interviewed by the Personnel Office and 421 employed, compared with 768 applicants interviewed and 364 employed the previous year. The hospital pension plan was updated and liberalized, and a group disability insurance plan was put into effect. In October the employee orientation program was scheduled on a monthly basis and included presentation and discussion by the Director, the Administrator, a member of the Nursing or Social Work staff, and a tour of a patient unit. This program has been well received by the hospital employees and provides an opportunity for initial open communication betweeen the Administration and the staff and employees.

The Fair Labor Standards Amendment for 1966 resulted in including hospital employees under the Fair Labor Standards Act. Even though the hospital's minimum wage is much higher than that

provided in the Act, computation of overtime payments in special cases may have an effect on hospital costs.

At the first combined Annual Service Award Reception and Tea held in May, 59 employees and 51 volunteers were honored for length of service. Mr. Sidney R. Rabb, Trustee of the Massachusetts General Hospital, was awarded a pin for his five years of service on the McLean Hospital Committee. Mrs. Charles A. Coolidge received a special award for her ten years of volunteer service. Mrs. Timothy Hurley was presented a diamond service pin and a McLean chair in recognition of her 25 years of service to the hospital. Dr. Maria Lorenz, Dr. Alfred Pope, and Mr. Thomas J. Burley were awarded 20-year pins. Twenty employees received ten-year pins and 35 employees received five-year pins. Five employees retired during the year including Miss Margaret C. Tibbetts, Director of the School of Nursing and Nursing Service, who served the hospital faithfully and untiringly with true dedication for 34 years.

A great deal has been accomplished during the past year. Of special significance is the Perry, Dean and Stewart plan mentioned earlier, plus a detailed analysis of the condition of the present physical plant. Increased hospital sophistication, high construction and remodeling costs, and the need to upgrade hospital facilities have shown the limitation of the hospital capital budget generated from depreciation funds. However, expenditures on present patient units, although providing more comfort for patients and better working conditions for staff, do not solve the basic problem presented by widely separated obsolete buildings. In order to make the most efficient use of capital funds a five-year plan for capital expenditures is being formulated for the purpose of accelerating the expenditures of depreciation funds and recommending the construction of a new patient building as the initial step in the eventual replacement of all patient units.

The continued progress made during the past year could not have been achieved without the understanding of the Board of Trustees, the McLean Hospital Committee, the Director of the hospital, and the cooperation, loyalty, and untiring efforts of all department heads and personnel.

HENRY J. LANGEVIN
Administrator

McLean Hospital

BALANCE SHEET

September 30, 1967

ASSETS

Cash		$ 181,811.81
Accounts Receivable—Patients		
Current Month Billing	$ 393,435.77	
In House Accounts Overdue	400,793.32	
Discharged Accounts	170,503.94	
Due From Medicare	89,732.89	
Outpatient Clinic	14,194.21	
Total	1,068,660.13	
Less Reserve for Doubtful Accounts	149,785.73	918,874.40
Accounts Receivable—Other		10,742.75
Inventories—Materials and Supplies		71,804.60
Prepaid Items		4,965.54
TOTAL ASSETS		1,188,199.10

LIABILITIES

Accounts Payable	166,020.77	
Federal & State Taxes Payable	48,179.35	
Reserve for Workmen's Compensation	18,554.78	
Blue Cross/Blue Shield Premiums Payable	1,083.00	
Reserve for Funds Due Town of Belmont	—o—	
Deferred Income—Special Funds	113,373.00	
Reserve for Pensions—Special Funds	3,137.73	
Fiduciary Exchange Accounts	3,981.62	
TOTAL LIABILITIES		354,330.25

TREASURER'S EQUITY

Treasurer's Equity 9/30/66			472,356.31
Add: Cash From Treasurer (Year to Date)		1,500,000.00	
Cumulative Depreciation (Year to Date)		204,743.30	
Total		2,177,099.61	
Less: Operating Surplus or (Deficit)	(118,874.31)		
Disbursements—Special Funds (Year to Date)	(963,130.57)		
Disbursements—Capital Additions (Year to Date)	(261,225.88)	(1,343,230.76)	
Treasurer's Equity as of September 30, 1967			833,868.85
TOTAL LIABILITIES & TREASURER'S EQUITY			1,188,199.10

McLean Hospital

OPERATING STATEMENT

	Current Year *Oct.* 1, 1966 *Sept.* 30, 1967	*Previous Year* *Oct.* 1, 1965 *Sept.* 30, 1966
Patient Days	82,018	82,386
Average Daily Census	225	226
Percent of Occupancy (256 Beds)	88	88
INCOME		
Room and Care	$4,164,830.96	$3,774,068.34
Day Care	237,098.00	139,096.50
Night Care	87,638.00	40,092.00
Outpatient Clinic	107,280.00*	63,170.00
Other Patient Income	737,397.65	662,735.93
Other Non-Patient Income	289,481.10	270,788.33
TOTAL OPERATING INCOME	$5,623,725.71	$4,949,951.10
DEDUCTIONS FROM INCOME		
Free Service—Inpatients	$ 293,990.22	$ 265,611.48
Free Service—Day & Night Care	30,267.71	29,645.76
Free Service—Outpatient Clinic	55,424.28	29,537.50
Free Service Medicare Allowance	2,532.67	—o—
Courtesy Allowance	17,960.00	20,235.50
Provision of Doubtful Accounts	101,202.82	97,252.76
TOTAL DEDUCTIONS FROM INCOME	$ 501,377.70	$ 442,283.00
NET OPERATING INCOME	$5,122,348.01	$4,507,668.10
EXPENSES		
Salaries and Wages—Nursing	$1,619,691.68	$1,393,884.84
Salaries and Wages—Other	$2,126,625.95	$1,821,103.76
Supplies	511,107.46	455,899.35
Outside Services	407,668.49	381,655.96
Depreciation	204,743.30	184,808.25
Other Expenses	371,385.44	299,185.02
TOTAL EXPENSES	$5,241,222.32	$4,536,537.18
OPERATING SURPLUS OR (DEFICIT)	(118,874.31)	(28,869.08)
Treasurer's Income	97,020.12	76,808.94
Less: Treasurer's Expenses	27,343.48	25,462.96
Net Treasurer's Income	$ 69,676.64	$ 51,345.98
NET SURPLUS OR (DEFICIT)	$ (49,197.67)	$ 22,476.90

* Effective 4/1/67 Each Visit Shown at $15.00—Previously Shown at $10.00.

Report of the Psychiatrist in Chief

The Psychiatric Service and Research Programs

A SIGNIFICANT but gradual shift in the clinical program in two directions occurred during the year as a result of changing community needs — there was a progressive increase in the number of older patients admitted, and the nature of the hospital's adolescent population reflected the changing pattern of adolescent psychiatric disorders in the community.

Fortunately, under the leadership of Irene Jakab, M.D., and Martin Berezin, M.D., the geriatric service had been prepared to meet the new opportunities afforded by federal programs of financial aid to patients over 65. An increasing proportion of geriatric patients was admitted for short periods, studied, advised and discharged to the community. This service has become one of the more active ones in the hospital. Early discharge to the community, far from being a rarity, is increasingly common with the active mobilization of the various methods of treatment now available.

The near epidemic of adolescent disorders present in the country, with its troublesome manifestations of drug abuse, school drop-outs and other interferences with social development, has meant a change in the type of patient in this age group. A relatively unreserved opposition to many legal and medical presuppositions has become commonplace in the adolescent patient, and he receives much support from his peers. While in most patients, the underlying psychiatric illness can be identified without great difficulty, the oppositional stance of the patient and its quasi-conspiratorial character among the patient group have led to a change in the character of hospital and other institutional treatment which is quite without precedent. The potential wisdom of creating a distinct and identified treatment unit for patients in this age group has been carefully considered by the staff and decided against for the time being at least. The location of patients and the guidance of psychiatrists active in the treatment of this age group have been concentrated to a large extent under the leadership of Henry Wermer, M.D. The prominence of drug abuse as a presenting symptom is new, difficult, and widespread; it has required much adaptation in hospital procedure and will continue to do so. The penalties prescribed by law for possession or use of cer-

tain drugs are very heavy. This often leads to the substitution of hospitalization for young people facing charges for offenses which seem to many patients much less important than their legal status implies. "Psychotomimetic" drugs taken by psychotic or nearly psychotic patients often create new and complex diagnostic, management and treatment problems. The hospital has often had to limit for considerable periods of time the number of patients admitted who suffered this general type of problem. Since the outcome for many of these patients can be expected to be very good, and since the hospital treatment and educational programs are often critically important, such a limitation is unfortunate. Plans to minimize this limitation are currently actively under way.

A post-residency training program in the special problems of psychiatric treatment for the adolescent began during the year; it led to an affiliation with the student health program at Massachusetts Institute of Technology and to a developing program in community psychiatry in the Needham Public Schools, directed by Maurice Vanderpol, M.D.

A new arrangement for ward visits to strengthen the teaching program and to facilitate consultation was initiated during the year. While it is too early for an appraisal, it has seemed to meet these purposes effectively.

The research program in the clinical, psychological and social aspects of personality and of psychiatric illness was most strongly supported when an *ad hoc* Committee was appointed in the autumn to find a successor to the present Psychiatrist in Chief. The need for making a senior appointment has been great for some time. The psychosocial area of research needs the leadership of a full time investigator; it is impossible to meet the need effectively when this person is also responsible for the clinical psychiatric program and all the teaching, as has been the case in recent years. The Trustees recognized this problem and authorized the additional position upon the recommendation of the Director and the Psychiatrist in Chief two years ago. The need has become more rather than less as the time has passed; the much more stringent availability of funds to support research and the growing service demands for psychiatric treatment make this strengthening extremely timely.

New programs of investigation have developed. The appraisal of crisis intervention in two types of adolescent disorder is being studied

in the Outpatient Clinic, under Jacob Christ, M.D. Howard Hermann, M.D., is directing studies in the control of pineal output by light stimuli, in the pharmacology of synapse function in single neuron systems in the crayfish and in the patterning of visual reaction and orienting. Collaborative studies by Harvey Shein, M.D., with Alfred Pope, M.D., are described in Dr. Pope's report. These major research programs are continuing: analysis of ward interaction, under Stanley Eldred, M.D., and Richard Longabaugh, Ed.D.; a study of resident acculturation by Rose Coser, Ph.D.; and a study of the psychotherapy of schizophrenic patients by Robert Schnitzer, Ph.D., Robert Weiner, M.D., and Alfred Stanton, M.D.

ALFRED H. STANTON, M.D.
Psychiatrist in Chief

Report of the Associate Director of Clinical Psychiatry

Patient-Staff Community

THIS year the many specific activities of the patient-staff community reported last year have continued. There has been a special advance in the treatment of older people who enter the hospital confused, depressed, or dislocated from their lives. Individual considerateness of these patients and improved medical care continue. Rehabilitation has been helped by new social methods under the direction of Irene Jakab, M.D. Dignity and self-care, continuing family contact, group discussion, activities (cooking, parties, simple work), and activity therapy projects all effect surprising reconstitution, often a return home, though perhaps not a return of complete ability.

Adolescents constitute a third of our population and are mentally affected by the serious social unrest of the times: family dislocations, confusions of value and loyalty, loss of individuality and educational and behavioral disorders. The hospital provides a meaningful society for this confused group of "kids" and by social structure, discipline, activity, affection and thoughtfulness brings about remarkable personality growth. A short while ago it was thought that such a restless group could not be dealt with. The Arlington School continues to be especially effective with high academic success.

The hospital admits all varieties of diagnoses for various periods of time. There is a median stay of 83 days. There may be quick evaluation and discharge, or long-term treatment may be prescribed if it is best for that person's life and mental health to remain in this society. In 700 outpatient interviews a month there is individual and group treatment, with drugs. For the 150 patients on day or night care all methods of treatment supplement outside community life. The inpatient care of 220 patients uses all treatments intensively.

Four modifications of old hospital practice are improving our community. Both the inside and outside communities have been enriched by patients partly living inside, partly outside, families coming in for visits and treatment, volunteers coming in, educators and social rehabilitation experts working both in and out. Secondly, the pa-

tients in the hospital have developed much more social initiative as their abilities, while ill, have been recognized. Thirdly, there has been an increased accessibility of patients through somatic treatment. And lastly there has been an increased efficiency in the effectiveness of community treatment because of its more thoughtful prescription for individuals. This has been done by teams of staff who daily review the patient's personal and group reactions, exchanging information from their several fields of treatment. Thus there is less isolation between the psychotherapists, group therapists, family therapists, social workers, social group workers, activity therapists, teachers, nurses and physicians, who all make their contributions to each other.

The transfer of a patient in and out of the hospital, often in stages, is attuned to the continued community need of the patient as he is displaced. He may leave his home, be for a time separated, take up visits out and be visited, spend days out, perhaps go to a foster home, and eventually go back to the community with continued psychiatric supervision. Restrictive control is used thoughtfully lest too many protective features lead to apathy or too little care lead to emptiness. Freedoms and activities are individually prescribed.

For many years this report concerned itself with the social activities which arose voluntarily from patients and which are so important if lasting mental changes are to occur. These voluntary activities have continued and increased during the past year. They have sprung from the ability of the patient to be heard and to initiate activity on the scene, an opportunity the patient did not have in the society of the old-fashioned hospital or in medical hospitals. Patient to patient contact is high, and staff time used for talking to patients is very high. Since individual conversation must be elaborated by group relationships, each hall has its personal reactions and fresh happenings on the anvil of discussion. Spontaneity and common sense prevail. A central meeting area of staff and patients continues to be the Patient-Personnel Conference where changes in community living are debated and referred to administrative and clinical authority. Also the dozens of weekly patient activities supervised by Activity Therapies are increasingly managed by social group work methods. Nursing has also adopted some group methods.

The hospital effort to be a community in its treatment methods is demonstrated in a review of the individual patient's communications.

The hospital has features consonant with the general culture so that the individual, whether totally in the hospital, or partially in or out of it can communicate in a variety of roles. There is work (jobs), play (games, sports), education (books, school, teachers), art (music, painting and many creative skills, dance), social groups (friends, clubs, parties for different ages), democratic action (discussion and task groups), responsibility (economic, moral, social), legal right (voting), family contact (the family coming in for visit or discussion), and religious exercise. There are specific institutions in the hospital which are both patient and staff-created to support these forms of communications. With the continually changing population these activities require continual renewal.

The disorder in communication in mental illness is much of it internal (psychic) or interpersonal (psychosocial) and the provision of cultural institutions and activity for the patients is not by itself curative if the individual cannot relate in a healthy way. Thoughtful integration of the individual into the community is needed in mild as well as gross disorder. Personnel of good character, intelligence, attractiveness and social skill are needed in large numbers. They can make the difference in whether the patient gets involved or not and can react sensitively to rebellious, isolated, or depressed patients, looking beyond the symptom. Somatic treatments partially free a patient from excitement, depression, or false beliefs in the extreme, but don't repattern his viewpoint. Individual intensive psychotherapy plays a special part in communication, bringing a contact between the individual's former and repetitive style of thinking and feeling and those of better mental health. Many patients are not "ready" to do this kind of thinking, preferring action or denial, but most can profit; and contrary to what has been thought, very ill persons can meaningfully reflect.

The McLean Hospital was founded partially on the need for better community care of the mentally ill, and it has throughout its history always been thoughtful of this function. Whatever other treatments develop, the need for human interaction remains.

The staff and patients appreciate the support of the administration, especially of the Board of Trustees.

PAUL M. HOWARD, M.D.
Associate Director of Clinical Psychiatry

Report of the Outpatient Clinic

IN the past year the Outpatient Clinic has continued to grow in offering services to the surrounding communities. However, in addition to rapid growth which marked the first four years of the clinic's existence, a degree of stabilization and consolidation has come about. The total number of inquiries for the year has increased from 488 to 629, and the total number of inteviews from 6,352 to 8,892. This growth, percentage-wise, is less than what had been the case in the earlier years. A degree of leveling off would seem to be in the offing, and we may perhaps begin to feel that McLean Hospital through the clinic is meeting at least the most urgent mental health needs of the surrounding area.

Under the able leadership of Miss Blanche Gosselin, the secretarial and record keeping part of the clinic's work has now reached a much higher level of organization and usefulness. The clinic has employed a full-time transcriber for records who is now located in the clinic building. This arrangement has facilitated operations greatly and pertinent information on patients is now almost always readily available to professionals. The office staff as a whole was increased to the equivalent of four full-time and one half-time employee. The significant issue of setting fees in the last year has been shared with the Accounting Department who has lent the clinic their considerable experience in dealing with these matters.

While previously, private physicians and psychiatrists referred almost one-third of our cases, this percentage has gone down somewhat. By contrast, the self-referrals and family referrals have almost doubled while referrals from institutions and community agencies have increased as well. We may ascribe the increase in self-referrals to the fact that the clinic has become better known not only among the professionals but apparently within a wider range of the population of the surrounding area. The distribution of referrals by community of origin is similar to that of last year with the cities of Cambridge and Waltham furnishing the largest share of patients. It may be noted that the universities and colleges in these cities were responsible for a considerable number of student referrals. As expected, the surrounding towns of Belmont, Watertown, Lexington, and Concord are also well represented in our patient population.

The age range of our patients continues to be a wide one from young children participating in family therapy to people up to age 71. The largest number of people, however, are in the age range of 16 - 30.

In order to handle the considerable caseload, the staff of social workers was increased to include Mrs. Frances Grey, Mrs. Shirley Greenberg, and Miss Lynn Carp. The clinic was gratified that Simmons School of Social Work has decided to place a second student in the clinic. It was equally challenging to us to share in the task of training six first-year students in social work from Boston University under the aegis of Assistant Professor Daniel Carter of Boston University who participates in our conferences.

As in the past year the program of family aides in conjunction with Northeastern University was part of the clinic's operation. Home visiting was again the major task of the volunteers, primarily to ascertain something about the family's interaction. In addition, a small amount of counseling was carried out by one of the volunteers who was a student on a postgraduate level. The clinic has become more of a teaching and training center for social casework, and our patients stand to benefit from increased services available to them. Miss Joanne Clark left the clinic staff in March to assume another position.

As in the year before, the resident psychiatrists have contributed a considerable amount of their time to the work of the clinic by conducting individual psychotherapy, group therapy, marital and family therapy. They carried the main load of the evening clinic which was instituted in 1966 and continues to provide service for those patients who work in the daytime and are not able to attend a clinic easily. Enid Caldwell, M.D., who joined the clinic staff in October 1966, has effectively assisted in the organization of the clinic by conducting conferences, supervising and consulting with medical and social service staff. Egbert Mueller, M.D., Associate Psychiatrist, has been available throughout the year for one intake conference a week and has provided emergency consultations. Starting July 1967, two third-year residents, Robert Patterson, M.D., and Jerry Wacks, M.D., were assigned to the clinic on an approximately half-time basis. The availability of medical psychiatric consultation on a continuous basis has permitted us to handle a larger number

of cases with more severe disturbances and more sophisticated management of cases requiring crisis intervention and/or drug therapy. A new and experimental mode of treatment is a group therapy setting for married couples initiated by one of the residents and at present showing encouraging signs of becoming a valid treatment method for certain long-standing problems of married life.

The Psychology Department has continued to be involved in the work of the clinic mostly by rendering direct service by its staff. Marvin Snider, Ph.D., Associate Psychologist, in charge of a program for family therapy, has continued to contribute generously of his time and of his skills both by direct service and by consulting with those professionals conducting family therapy. A total of 32 families was in family therapy for a varying length of time, and a much greater number of family evaluations were carried out. The internship program for doctoral candidates in the academic year 1966-1967 included four psychologists, who were supervised by the Social Work Department. This current year five psychologists are enrolled in the program. An innovative technique was carried out by Mr. Scott Reinhardt, Assistant Psychologist, who during the past year began conducting a so-called intake group where patients in the process of evaluation become part of a supportive milieu-oriented group and at the same time provide information for the diagnostician. At a later point they may be assigned to group therapy or to individual methods of treatment.

The contacts of the clinic with the Arlington School have been greatly intensified in the past year. From October 1966 to July 1967 four students were enrolled under Chapter 750 of the General Laws of the Commonwealth of Massachusetts program for emotionally disturbed pupils. These students attended the Arlington School and were at the same time in treatment in the Outpatient Clinic. For the current year ten such students are enrolled, and the clinic staff is developing increasing sophistication in dealing with disturbed adolescents.

Along the lines of our special interest in adolescents, it may be noteworthy to mention that the National Institute of Mental Health has granted McLean Hospital funds to conduct a research program into crises in adolescents. The research team includes Mrs. Shirley Goldstein, M.S.S., Richard Bonier, Ph.D., Associate Psychologist, and Jacob Christ, M.D., while Irving Kaufman, M.D., Attending

Psychiatrist, is senior advisor to the project. John Spillane, M.D., Clinical Assistant in Psychiatry, Marvin Snider, Ph.D., and Miss Lynn Carp, M.S.S., are the clinical researchers for this project.

The teaching program for the Harvard medical students in their third and fourth years has continued as before. The three-week rotation has permitted students and patients to come in contact with one another, most often to their mutual benefit. Harvey Shein, M.D., Assistant Psychiatrist, has ably supervised the clinical part of this teaching program.

While the increased size of the clinic has necessitated a sizable amount of support from McLean Hospital funds, community support has begun to become available at least to a limited extent. The United Fund contributed, and State funds became available under the 750 program for adolescents. The clinic's particular gratefulness goes to the Nathan H. and Sarah A. Gordon Philanthropic Trust for its continuous generous support as well as to the Sciences and Arts Foundation. Perhaps most importantly the support in time and effort of all the hospital's personnel deserves mention. Professionals of all departments have given freely of their time, sometimes after regular working hours, in the interest of what to them proved to be a stimulating and rewarding activity. The continued effort on the part of the clinic's staff has been in the direction of exploring new avenues to help people from the community to better solve their problems. While at times the multiplicity of methods of intervention may seem confusing, it has proven a bonus to be able to make available to our patients a variety of resources such as individual psychotherapy designed to help the patient resolve his inner conflicts, group therapy, marital therapy, family therapy, or supportive management by medication. Frequent reviews of cases make us assess time and again what works in the particular situation and guide us to find new ways or different approaches when an on-going program does not seem to work out as well as we had hoped. We find an openness towards many approaches the best guarantee to arriving eventually at the best possible solution in the given circumstances.

JACOB CHRIST, M.D.
Psychiatrist in Charge
Outpatient Clinic

Report of the
Hospital Population and Statistics

1966-1967

1. There were 12 more patients on the hospital's books at the end of this year as compared with the beginning. However, there were nine fewer patients actually residing in the hospital at the end of the fiscal year. One reason for this was that there were 99 patients on visit (and so still on the hospital's rolls), an increase of 25% (21 patients) over the beginning of the year. This increase in patients on visit continued a trend, noted over the past few years, of not discharging patients until they have been residing outside the hospital for some period of time. One result of this trend is that only two-thirds of all patients on the hospital's books at the end of this year actually were residing in the hospital.

Admissions and discharges this year were at their lowest since fiscal year 1958-1959, at which time the total patient population in the hospital also was much lower. Compared to last year, 21 fewer patients (almost all male) were admitted this year and seven fewer patients were discharged this year. Part of the reason for the decline in discharges is found in the above mentioned increase in the number of patients on visit from the hospital. Thus, while the number of patients admitted and discharged within a fiscal year has decreased, the number of patients *serviced* by the hospital has steadily increased. However, the overall decline both in admissions and in discharges also suggests that patients are staying in the hospital somewhat longer than they have in the past. This can be verified in Table III, which shows that the proportion of patients with long-term discharges (in the hospital for more than one year) was 23%, compared to last year's 18%. There was a corresponding decrease this year in the proportion of short-term discharges (patients in the hospital a month or less), 14% for this year compared to 22% for last year.

The median length of time spent by patients in the hospital prior to their discharge this year was six months. This is an increase from last year's median of three months. Part of the reason for this increase is to be found in the larger number of patients on visit outside

the hospital prior to discharge. This artificially inflates the median length of stay in the hospital, since time on visit prior to discharge is included as part of the length of stay calculations. That there has not been a drastic change in length of hospitalization, despite some increase in median length of stay, can be deduced from the fact that approximately 75% of all patients discharged this year still had a stay of one year or less, a percentage relatively unchanged for the past few years.

The proportion of female patients in the hospital at the end of this year increased 8% over last year. Most of this increase took place in the age range 21-30. Although females outnumbered males by about 3:2, this discrepancy was not evenly distributed over all age categories. In the past few years there roughly was an even proportion of males and females below age 31, and generally, a majority of females in age categories past 30. This year there still was an almost even distribution of males and females in the age category below 21, but between 21 and 30 the females greatly outnumbered the males. Females had a large numerical gain in age category 21-30, while males had a moderate numerical loss in category 41-50. There was a large decrease in admissions (a drop of 42%) and in discharges (a drop of 16%) for both sexes in the age range 31-40. Nonetheless, the total age composition of the hospital remained relatively stable. The largest percentage of patients (65%) continued to be in the 40 or younger category.

As in recent years, the largest percentage of patients admitted to, discharged from, and residing in the hospital at the end of the year was for patients diagnosed as having a schizophrenic reaction, while the second largest percentage was for patients with a personality disturbance. However, this year there was a slight decrease from last year in discharges for patients with a schizophrenic diagnosis, and a decrease both in admissions and in discharges for patients with personality disturbances.

2. Table IIa shows that almost half of all patients admitted this year were experiencing their first admission to McLean after having had a prior admission to another hospital. This proportion (43%) was higher than in recent years, when it had been from 30-35%. Readmissions to McLean this year correspondingly decreased from prior years; this year readmissions only constituted 23% of all admissions to McLean, while in prior years they averaged about 30%.

The diagnosis most affected by this drop in readmission (Table IIb) was for patients with a personality disturbance (28 patients readmitted last year to 13 this year). As in recent years, well over half of the patients who either were experiencing first hospitalization anywhere or else were experiencing readmission to McLean were admitted to McLean from home. In contrast, patients admitted for their first McLean admission, but who had a prior hospitalization not at McLean, were equally divided between being admitted from home and from a psychiatric hospital. As in the past, females were more frequently admitted from home or from a general hospital, while males were more frequently admitted from a psychiatric hospital.

The various diagnostic groups were not equally distributed as to type of admission to McLean (Table IIb), and the inequalities followed the same trend as in the past. Patients with chronic brain syndromes continued to be higher on first admissions to any hospital than they were for other admission categories, as were patients with psychoneurotic reactions or adjustment reactions. Schizophrenic patients continued to be higher on readmissions than on first admissions, as were affective patients.

As would be expected, younger patients constituted the largest number of first admissions to McLean Hospital or to any hospital (Table IIc). The highest proportions for readmission were for the 21-50 year groups. However, there were differences within these three groups: the 21-30 year group was high on all types of admissions, while the 31-40 year and 41-50 year groups were relatively low on first admissions. Last year the 31-40 year group was considerably higher on first admissions than it was currently. This year there was an increase over last year in first admissions for patients in the 71-80 year group; 21 of these patients were admitted for the first time to McLean or to any hospital this year compared to only eight patients last year.

3. The majority of patients discharged this year (58%) were home destined, as in past years (Table III). A much smaller, but still appreciable, number of patients (19%) were discharged to another psychiatric hospital, to a psychiatric ward of a general hospital, or to a nursing home. This hospital or hospital-related destination was up 8% from discharges of last year.

The distribution for condition of patients at the time of discharge has remained relatively similar over the past few years: about 75% of the patients showed some improvement on discharge, and about 20% showed no improvement. It must be remembered that a patient's condition at time of discharge from the hospital's rolls is not usually his condition at the end of treatment, since most patients continue treatment for some time after hospital discharge. "Moderate" and "slight" improvement continued to be the modes, although the category "much improved" was up 5% over last year. Proportionately more females than males were discharged as "recovered" and "much improved"; this had been the trend over many years, although that trend was broken by a reversal last year.

Some discussion of length of hospitalization already appeared under section one. There are, however, a few male/female differences in length of hospitalization that require some comment. As in the past, males, somewhat more often than to be expected from their 3:2 under-representation in admission, discharge, and residence, stayed in the hospital the briefest period of time — one to ten days. This year, more males than females also stayed in the hospital for only one to three months, although in past years the male/female ratio for this length of stay more nearly approximated the male/female ratio of the hospital. As in past years, females disproportionately more often than males were discharged after long hospitalizations — stays of more than two years.

NORBETT L. MINTZ, Ph.D.
Associate Psychologist

TABLE I — PATIENT POPULATION 196

CHARACTERISTIC		Beginning of Year October 1, 1966				Admitted During Year			
Total Number		In Hospital — 225 On Visit — 78		303		311			
SEX	Male	121		40%		127		41%	
	Female	182		60%		184		59%	
AGE		Male	Female	Total	% of Total	Male	Female	Total	% of To
	13-20	30	31	61	20	42	33	75	24
	21-30	31	37	68	23	27	51	78	25
	31-40	16	42	58	19	14	34	48	16
	41-50	16	13	29	10	12	26	38	12
	51-60	9	16	25	8	9	14	23	7
	61-70	11	16	27	9	8	12	20	6
	71-80	6	13	19	6	11	10	21	7
	81-Up	2	14	16	5	4	4	8	3
		121	182	303	100	127	184	311	100
DIAGNOSES									
Acute Brain Syndrome		5	2	7	2	3	4	7	2
Chronic Brain Syndrome		10	20	30	10	13	15	28	9
Mental Deficiency		0	0	0	0	0	0	0	0
Involutional Psychotic Reaction		0	3	3	1	2	3	5	2
Affective Reaction		8	17	25	8	15	21	36	12
Schizophrenic Reaction		60	92	152	50	47	62	109	35
Paranoid Reaction		0	2	2	1	0	0	0	0
Psychophysiological Reaction		0	1	1	*	0	2	2	1
Psychoneurotic Reaction		12	15	27	9	14	27	41	13
Personality Disturbance		23	27	50	17	24	42	66	21
Adjustment Reaction		3	3	6	2	9	8	17	5
		121	182	303	100	127	184	311	100

*Less than 1%

PITAL

7 BY SELECTED CHARACTERISTICS

arged During Year			Remaining at End September 30, 1967				Change During Year			
299			In Hospital — 216 On Visit — 99		315			— 9 +21		+12
43%			119		39%			— 2% + 2%		0
57%			196		61%					
Female	Total	% of Total	Male	Female	Total	% of Total	Male	Female	Total	% of Total
20	58	19	31	32	63	20	+ 1	+ 1	+ 2	0
38	67	23	31	53	84	27	0	+16	+16	+4
37	54	18	15	41	56	18	— 1	— 1	— 2	—1
25	43	14	8	17	25	8	— 8	+4	— 4	—2
19	29	10	7	13	20	6	— 2	— 3	— 5	—2
10	19	6	12	16	28	9	+ 1	0	+ 1	0
15	20	7	11	11	22	7	+ 5	— 2	+ 3	+1
6	9	3	4	13	17	5	+ 2	— 1	+ 1	0
170	299	100	119	196	315	100	— 2	+14	+12	0
5	10	3	3	1	4	1	— 2	— 1	— 3	—1
17	27	9	13	18	31	10	+ 3	— 2	+ 1	0
0	0	0	0	0	0	0	0	0	0	0
3	4	1	1	3	4	1	+ 1	0	+ 1	0
15	30	10	8	23	31	10	0	+ 6	+ 6	+2
54	102	34	59	100	159	50	— 1	+ 8	+ 7	0
0	0	0	0	2	2	1	0	0	0	0
1	1	*	0	2	2	1	0	+ 1	+ 1	+1
27	43	15	10	15	25	8	— 2	0	— 2	—1
43	71	24	19	26	45	14	— 4	— 1	— 5	—3
5	11	4	6	6	12	4	+ 3	+ 3	+ 6	+2
170	299	100	119	196	315	100	— 2	+14	+12	0

TABLE II — ADMISSIONS 1966-1967
BY PREVIOUS HOSPITAL EXPERIENCE, SEX AND OTHER RELATED CHARACTERISTICS

SCHEDULE A:	*1st to Any*				*1st to McLean*				*Readm. to McLean*				*Total Admissions*			
SOURCE	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	23	33	56	75	18	36	54	46	15	32	47	84	56	101	157	63
General Hospital	6	13	19	25	3	4	7	6	1	1	2	4	10	18	28	11
Psychiatric Hospital	0	0	0	0	27	28	55	46	6	1	7	12	33	31	64	25
Other	0	0	0	0	2	0	2	2	0	0	0	0	2	0	2	1
Total	29	46	75	100	50	68	118	100	22	34	56	100	101	150	251	100
Not Determined	12	17	29		9	8	17		5	11	16		26	34	60	
			34%				43%				23%				100%	
SCHEDULE B:																
DIAGNOSIS																
Acute Brain Syndrome	2	0	2	2	1	3	4	3	0	1	1	1	3	4	7	2
Chronic Brain Syndrome	6	9	15	14	4	4	8	6	3	2	5	7	13	15	28	9
Involutional Psychotic Reaction	0	1	1	1	2	1	3	2	0	1	1	1	2	3	5	2
Affective Reaction	3	3	6	6	8	11	19	14	4	7	11	15	15	21	36	12
Schizophrenic Reaction	11	18	29	28	22	28	50	36	14	16	30	42	47	62	109	35
Paranoid Reactions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychophysiologic Disorders	0	1	1	1	0	1	1	1	0	0	0	0	0	2	2	1
Psychoneurotic Reactions	7	12	19	18	6	7	13	10	1	8	9	13	14	27	41	13
Personality Disorders	8	15	23	22	11	19	30	22	5	8	13	18	24	42	66	21
Adjustment Reaction	4	4	8	8	5	2	7	5	0	2	2	3	9	8	17	5
Total	41	63	104	100	59	76	135	100	27	45	72	100	127	184	311	100
Not Determined	0	0	0		0	0	0		0	0	0		0	0	0	
			34%				43%				23%				100%	
SCHEDULE C:																
AGES																
13 — 20	17	18	35	33	22	12	34	26	3	3	6	8	42	33	75	24
21 — 30	6	21	27	26	12	19	31	24	9	11	20	28	27	51	78	25
31 — 40	3	5	8	8	6	17	23	17	5	12	17	24	14	34	48	16
41 — 50	1	5	6	6	5	11	16	12	6	10	16	22	12	26	38	12
51 — 60	3	1	4	4	5	9	14	10	1	4	5	7	9	14	23	7
61 — 70	2	5	7	7	4	4	8	5	2	3	5	7	8	12	20	6
71 — 80	7	6	13	12	4	3	7	5	0	1	1	1	11	10	21	7
81 — Up	2	2	4	4	1	1	2	1	1	1	2	3	4	4	8	3
Total	41	63	104	100	59	76	135	100	27	45	72	100	127	184	311	100
Not Determined	0	0	0		0	0	0		0	0	0		0	0	0	
			34%				43%				23%				100%	

McLean Hospital

Table III

Discharges 1966-1967

By Sex and Other Selected Characteristics

DESTINATION	Male	Female	Total	%
Home (Parental or Marital)	72	96	168	58
Psychiatric Hospital or Psychiatric wing of general hospital	22	34	56	19
General Hospital or nursing home	6	12	18	6
School	4	1	5	2
Foster Home	2	2	4	1
Deceased	6	8	14	5
Own Apartment	10	4	14	5
Half-way House	2	0	2	1
Others	2	7	9	3
Total	126	164	290	100
Not Determined	3	6	9	
CONDITION				
Recovered	3	5	8	3
Much Improved	11	32	43	15
Moderately Improved	44	38	82	28
Slightly Improved	38	41	79	27
Unimproved	24	40	64	22
Worse	0	1	1	*
Deceased	6	8	14	5
Total	126	165	291	100
Not Determined	3	5	8	
LENGTH OF HOSPITALIZATION				
1 — 10 Days	10	11	21	7
11 — 30 Days	9	13	22	7
31 — 90 Days	38	35	73	25
91 — 180 Days	10	23	33	11
181 — 365 Days	35	45	80	27
1.1 — 2 Years	18	25	43	14
2.1 — 5 Years	6	12	18	6
Over 5 Years	3	6	9	3
Total	129	170	299	100
Not Determined	0	0	0	

* Less than 1%

Report of the Patient Education Department

Arlington School

WHILE in 1965-1966 the school concentrated on the development of the solid academic core of the school, *i.e.* 26 college preparatory courses for grades eight through twelve, 1966-1967 became the year in which major emphasis was placed on continued improvement of classroom instruction and the development of a dynamic and enriching program of special events, guest speakers, and assemblies. These were accomplished through the efforts of the faculty, assisted by the inservice training program, the research program, and such sources for information and materials as the Belmont Schools, Belmont Library, Children's Museum of Boston, Museum of Fine Arts, Boston Public Library, the World Affairs Council, Widener Library, and the National Aeronautic and Space Administration, to name a few.

The enrollment in the high school (see Table 1) shows some small increase over preceding years in the total numbers of students; however, two other main trends become evident: 1) more students are enrolled in full programs and 2) more students are remaining at the school until the end of the semester or the end of the school year.

Expansion of the Program

During the school year 1966-1967, a course in studio art and a course in manual art were added to the school program in conjunction with the Activity Therapies Department. In September 1967, a course in music "Basic Building Blocks of 20th Century Music" was added.

The Library acquired four hundred and fifty new books and raised the number of periodical subscriptions from fifteen to twenty-seven. The number of film rentals increased and more slides, tapes, records and films were used both in regular classroom instruction and in special events, including a series of films on space exploration supplied by NASA.

The Chemistry lab acquired the Semi-Micro equipment which makes it possible to do all standard lab procedures using very small quantities of chemicals with greatly increased safety and economy.

The History Department held several exhibits: one on Africa and Asia in connection with a unit on Imperialism, one on Egypt and one on Impressionism.

The School invited guest speakers on a variety of subjects: Christopher Nteta of South Africa, a student at the Harvard Divinity School, spoke on problems of Apartheid; Annan Dzidziyenyo of Nigeria spoke on problems of the emerging nations; Justin Kaplan and Anne Bernays each spoke to the senior English classes about writing as a career; Dr. Herrmann of the University of Connecticut Medical School showed films and spoke on early embryonic development.

Groups of students visited museums, theaters, Plimonth Plantation, Sturbridge and the Brandeis Archaeological Laboratory. A group of students had dinner and after-dinner discussion with former Senator Flanders of Vermont.

A school bus began making regular trips between the halls and the School, which is located on the edge of the hospital grounds, quite some distance from some of the halls.

College Level Program

In September 1967, the Arlington School College-Level Program began with two courses, one in Analysis and Interpretation of Literature, a one-year course, and the other in American Government, a one-semester course. There are four students now completing the government course. Seven are continuing at present in the literature course.

The Arlington School College-Level courses prepare students for the College-Level Examination Program administered by the Educational Testing Service. Boston University, with a number of co-operating colleges and universities, set norms and content for a number of subject examinations leading to college credit. At the end of the Arlington School's period of instruction, each student takes the appropriate subject examination at the Boston University Counseling Center, establishing a score which will then be evaluated by the co-operating college of his choice. CLEP Examinations are scored like the College Board Scholastic Aptitude Tests on a scale from 200 to 800 with a mean of 500; individual co-operating colleges and universities establish the appropriate norm for credit acceptability in their institution. Each student's level of performance is determined by the examination itself; if there is a reasonable doubt that a student

is ready for the examination, he is advised to postpone taking the test until he has done further individual preparation.

Law 750

In February 1967, the first four day-students were accepted into the program covered by the provisions of Chapter 750 of the General Laws of Massachusetts. Under this program, the state pays for an education/treatment program offered by the Arlington School and the Outpatient Clinic. All of these students successfully completed the year, and one received a high school diploma and college acceptance. Nine students were enrolled in this program in September 1967 for the academic year.

Commencement

In June 1967, the Arlington School held its second commencement in the McLean Hospital Chapel. Nine students received diplomas and three received certificates of completion of studies. Mr. Ralph Lowell, Trustee, presented the diplomas and certificates.

Mr. Richard Day, Principal of the Phillips Exeter Academy, was the commencement speaker. Mr. Day gave a warm personal talk to the graduating class, emphasizing both the broad economic and social opportunities open to them and the importance of their personal contribution to the future. Mr. Day was guest of honor at the alfresco luncheon held on the terrace of the school.

Guidance

Members of the graduating classes of 1966 and 1967 were accepted for admission in the following colleges and universities:

Barnard College
Boston University
Brandeis University
Dean Junior College
Emerson College
Shimer College

Also, students returned to public and private secondary schools throughout the U.S.A.

Twenty-seven students took College Board Scholastic Aptitude Tests during the year 1966-1967, with scores ranging from 328 to

673 (Mathematics) and 491 to 690 (Verbal). (See Table II for distribution of scores.) The nationwide mean, in scores ranging from 200 to 800, is 500. Students from Arlington School performed as well as, if not better than, the typical U. S. college candidate.

Visitors and Visitations

The Arlington School was visited by staff from a number of other hospitals that are developing educational programs for adolescent patients. The nature of these visits ranged from interviews with the Headmaster to a full day of discussion with the school faculty, administration and class visits.

Some of the institutions that sent visitors were:

Sheppard and Enoch Pratt Hospital
Yale Psychiatric Institute
Institute for Living, Hartford
University of Michigan Medical School
Butler Health Center

The school was also visited by a group from the Tufts School of Education, and a site visit was made by a representative of the National Institute of Mental Health.

Members of the faculty and school administration attended a variety of professional meetings:

Mr. Dunn attended the annual convention of the Association of College Admissions Counselors where the keynote address was on problems of college admission for students who have been in psychiatric treatment.

Four of the school staff attended a Mental Health Institute for Educators, an all-day symposium sponsored by the Massachusetts Teachers Association and Beth Israel Hospital. John Holt spoke on learning problems, and then in small groups, group dynamics were discussed and experienced.

Mr. Dunn attended the American Ortho-Psychiatric Association Convention where he was on a panel discussing the role of education in treatment programs.

A group of teachers attended an all-day conference on the use of Audio-Visual instruction methods. This conference was sponsored by the Massachusetts Department of Education.

Research

The research and demonstration project "Improving and Assessing Materials and Methods for Teaching Emotionally Disturbed Adolescents" was continued throughout 1966-1967. The project is funded by the United States Office of Education and is under the direction of Helen Kenney, Ed.D., Associate Psychologist, McLean Hospital and Research Associate in Psychology, Harvard Medical School; William Kvaraceus, Ed.D., Research Associate in Education, McLean Hospital and Professor of Education, Tufts University; and Francis de Marneffe, M.D., Director of McLean Hospital.

The grant of $87,973.00 has been renewed for the year 1967-1968.

Inservice Teacher Training

The weekly seminars for the training of the faculty were continued under the direction of Thomas Frank, M.D., and the Headmaster. In September of 1967 an additional program of special weekly seminars was inaugurated. Guest speakers from the various departments of the hospital and educators from neighboring institutions are to be invited throughout the year to present information from their particular fields which is applicable to the program of the Arlington School.

Practice Teacher Program

An affiliation with the Boston University School of Special Education and the Northeastern School of Special Education has been developed. Boston University placed a practice teacher with the Arlington School Science Department in September 1966 and one in the English Department in September 1967. The Northeastern program placed a graduate student here for a field experience in school administration during the spring of 1967.

Staff Additions

The following teachers joined the Arlington School faculty for academic year 1967-1968:

Miss Celeste Andrade, M.A., studied mathematics at the University of Rhode Island while still in high school, mathematics and

French as an undergraduate at Brandeis, and French as a graduate student at Tufts. She also qualifies to teach Russian and was captain of the Brandeis women's fencing and tennis teams.

Mrs. Elizabeth Estermann, B.A., studied at Bennington and did graduate work in composition at Julliard. She is a composer and violinist and plays in the Brandeis Symphony Orchestra.

Mr. Jeremiah McCarthy, B.A., who teaches mathematics, is a graduate of Brandeis where he also played on the football team. He has worked as a research technician in chemistry and in engineering. He is also certified as a school guidance counselor. He has played professional football and was Director of Athletics at a summer camp. He comes to the Arlington School after two years of teaching in Brattleboro, Vermont.

Mrs. Patricia Neuman, M.A., is a graduate of Mills College. She has taught English at Boston University and for the Brookline Adult Education program. She has worked with literature discussion groups at Metropolitan State Hospital and for the Nassau County Mental Health Association and Rehabilitation Centre.

Mr. Gordon Silverman, M.A., did both his undergraduate and graduate work at Brandeis. He teaches history and is also involved in the research project.

JOHN F. DUNN, M.A.
Headmaster, Arlington School

TABLE I — ENROLLMENT, COURSES, STAFF

Students	Fall '66	Spring '67	Summer '67 High School	Graduate H.S.	Fall '67 High School	CLEP
Full program	34	32	24	—	43	—
Partial program	16	20	5	9	10	11
Tutorial	7	8	5	6	2	—
total	57	60	49		66	
Courses offered	26	26	12	2	28	2
average class size	5.5	5.7	4.6	3.5	6.3	5.5
Staff						
Full-time faculty	7	7	9	—	10	—
Part-time faculty	5	5	1	2	5	2
Tutors (outside)	5	4	2	—	1	—
Secretary	1	1	1	—	1	—
total	18	17	15		19	

TABLE II — COLLEGE BOARD EXAMS

Scholastic Aptitude Scores 1966-67

Scores	*Verbal*	*Mathematical*
700-799	0	0
600-699	10	5
500-599	14	6
400-499	3	12
300-399	0	4
	27	27 total students

Report of the Director of Internal Medicine

October 1, 1966-June 30, 1967

THE statistical material on which the annual reports of this Department are based is not available on June 30, 1967. Nevertheless, certain trends are evident.

The number of laboratory tests continues to increase despite the relative constancy of the census and of the diagnostic categories. This increase in tests is occurring all over this country and is indicative of a change in medical school teaching. A large part of this laboratory work is not essential to the care of the patient. Miss Brenda Senior, Clinical Laboratory Technician, has thus far kept up with her increasing load admirably. Mrs. Irene Horenstein, Secretary, continues to maintain her calm efficiency under conditions that others would find trying.

The Pharmacy, staffed by Mr. George R. Zager, Pharmacist, and his assistant Mr. Robert Connell, experienced no increase in its activities. This is fortunate, because another of the annual increases that has occurred in the past might well have overstrained the Pharmacy facilities, long recognized as less than optimal. The annual increases in the past were owing to a slow increase in the willingness of the staff to use the psychoactive drugs as energetically as do the staffs of some other hospitals. Although there was no change in volume this year, the drugs prescribed continue to show marked and unexplained variations in popularity. This will be the subject of a detailed report in the future.

The X-Ray Department, directed by Dr. Majic Potsaid, has also reached a plateau in its work load. Mr. Herbert Davidson, Technician, continues to provide films whose quality evokes admiration and praise, especially in view of the adverse conditions he frequently encounters.

Doctors Herschel Jick, Dennis Slone, and Lloyd Potter, Clinical Assistants in Medicine, continue to carry out their duties in their habitual manner. The problems involved in improving the medical care of patients here have been so repetitively discussed in the past as to need no further emphasis now.

MARK D. ALTSCHULE, M.D.
Director of Internal Medicine

Report of the
Director of Research in Clinical Physiology

January 1, 1967 - June 30, 1967

WHEN clinicians encounter a new, or at least previously unrecognized syndrome they may either content themselves merely with being able to recognize it, or they may want, in addition, to understand the mechanisms of its manifestations. In the latter case, they must look to other branches of knowledge for data to elucidate the clinical findings. This situation now occurs with respect to the clinical phenomenon of mental disorder produced by certain indoles.

There are now many biochemical studies that show that indoles or their derivatives inhibit brain-tissue enzymes, including those that contain nicotinic acid. Indoles are toxic to nerve cells in tissue culture. Hence there is good reason to study the possible role of indoles in clinical syndromes of brain dysfunction.

The hallucinogenic indoles occur widely distributed in plants and are also found in some animals. What purpose is served in these organisms by changing tryptophan and tyrosine into these indoles is completely unknown. However the phenomenon of their occurrence in many biologic organisms raises the possibility of their synthesis in the tissues of man. The indole hallucinogens most prominently in the public eye today are lysergic acid, and dimethyl tryptamine and its derivatives bufotenine and psilocybine. The aminochromes, which are oxidized indoles derived from epinephrine and other catecholamines, have long been under study as hallucinogens formed by the tissues of patients.

Studies made here show conclusively that the indole pathway of epinephrine metabolism is available in man. This pathway comprises products and processes known to be toxic to the brain. It is now evident that in man epinephrine has two available pathways of degradation, *i.e.* 1) the VMA pathway and 2) the indole pathway. The first ordinarily predominates and is harmless. The factors that might lead to the dominance of the second, the toxic pathway, are now under study.

The situation is complicated by the fact that the indoles formed from catecholamines in the blood remain there only a short time.

They are polymerized to melanins, a process that results in toxic effects upon the tissues. Some of these melanins, we have shown, remain in the blood and hence may be a transport form of melanin. This is an entirely new concept, derived solely from work done here.

In short, the work of the first six months of 1967 was characterized by the development of new techniques of studying catecholamines metabolism in blood. The work has established new relations between catecholamines, brain-damaging indoles and melanin. The work has led to new concepts of the behavior of melanin and has shown that there are transport forms as well as depot forms of the pigment.

MARK D. ALTSCHULE, M.D.
Director of Research
in Clinical Physiology

Report of the Director of Scientific Research

EVER since the Research Laboratory was dedicated in 1946, its function has been to study the healthy and diseased nervous system with the tools of the basic medical sciences. This assignment has been implemented over the years by the gradual development of a program of research which is concerned with the chemistry, function and structure of the normal brain and of the brain in nervous and mental diseases. The studies carried out seek answers to the following questions: (1) What chemical substances exist in the brain? (2) Where exactly are they located? In what cells? Where in the cell? (3) How are they linked to each other? (4) How are they made and destroyed? (5) What is their function? (6) What happens to them under various conditions and especially in diseases?

During 1967 previous studies have been continued and elaborated with the exception of the work in biophysics which has been temporarily suspended because of the departure of J. D. Robertson, M.D., and his group to Duke University. The progress made along other lines has been reviewed by the Advisory Committee at its annual meeting. It is described here under the two headings, *Biochemical Studies,* reported by the undersigned, and *Neuropathological Studies,* reported by Alfred Pope, M.D.

STAFF—During 1967 the staff of the laboratory underwent only small changes. While the remaining members of Dr. Robertson's group did move to Duke University as scheduled, there were three additions to the staff: L. J. Embree, M.D., who joined in January as a USPHS Fellow; J. Hildebrand, M.D., who came on an Eleanor Roosevelt International Cancer Fellowship in September; and Risto Bokonjic, M.D., who joined in October on a National Multiple Sclerosis Fellowship.

With these changes, the Research Laboratory Staff comprised at *end* of 1967 18 professional people, 11 research assistants, 3 laboratory assistants, 5 secretaries, and one photographer — a total of 39 people, one person less than at the end of 1966.

During the year, the Laboratory received grants-in-aid from the National Institutes of Health in the amount of $380,727 and a grant of $2,870 from the Scottish Rite Committee for Research in Schizophrenia. To these sums should be added about $50,000 available from grants awarded in previous years by the National Institutes of

Health, the Ford Foundation, and the National Science Foundation, bringing the total of funds made available by direct grants to $442,265. This figure compares with $488,265 available for 1966; the slight decrease reflects the temporary discontinuation of the biophysical studies.

Biochemical Studies

Most of these studies are pertinent either to *proteolipids, polyphosphoinositides* and *neurokeratin,* which are major elements in the constitution of the large molecular complexes present in myelin and in other neural membranes, or to the *gangliosides,* which are well established as membrane components. Within these unifying concepts, the work has varied from pure organic synthesis to the exploration of the properties and behavior of macromolecules by what might be called *ad hoc* procedures. The work on proteolipids, polyphosphoinositides and neurokeratin has dealt with the re-evaluation of the methods for their preparation, their biosynthesis, their chemical structure and their properties. The work on gangliosides has followed the same general lines.

Drs. Folch and Bokonjic have found that when nervous tissue is extracted with immiscible chloroform:methanol:water mixtures, *i.e.* with biphasic systems, the overall extracting efficiency compares well with that of the classical chloroform:methanol 2:1. There are, however, important differences in relation to gangliosides, proteolipids and polyphosphoinositides. In the case of gangliosides, it has been found that the ratio of chloroform to methanol in the mixture is all important; at some proportions, no gangliosides are extracted; at others, their extraction is complete. This opens the possibility of finding conditions that will permit the isolation of gangliosides in their native form, *i.e.* still in combination with proteins.

It has also been found that with certain proportions of chloroform: methanol:water, larger amounts of proteolipid proteins and of polyphosphoinositides are extracted than is the case with the classical method. The extra protein thus extracted is insoluble at –10°, which has permitted its isolation. It has been found to be rich in polyphosphoinositides and the information obtained suggests that it represents neurokeratin, a component of the protein framework of myelin which until now had only been obtained as a wholly insoluble residue.

L. G. Mokrasch, Ph.D., and H. E. Lindsey have studied the chemistry of proteolipid protein. They have identified the amino terminal as being aspartic acid. By carboxypeptidase it appears that the carboxyl terminal corresponds to threonine. In water, proteolipid protein appears to exist as aggregates in excess of 50,000. By oxidation with performic acid, a derivative is prepared which exhibits a molecular size similar to ribonuclease, *i.e.* about 12,000. Much other work has mainly yielded information about the extreme stability of proteolipid protein which appears to withstand chemical treatments that cleave most other proteins.

With A. Tolani, M.D., Dr. Mokrasch has continued his former work on the biosynthesis of proteolipids. He has further documented that proteolipid biosynthesis is not sensitive to nucleases. The study of the effect of antibiotics on the incorporation of amino acids into proteolipids has permitted the elimination of microbial contamination as a source of incorporation. In collaboration with Mr. R. D. Andelman, he has continued and expanded his work on the binding of amines by proteolipid protein.

M. B. Lees, Ph.D., and her group studied the relationship between ions and proteolipids, the conditions for the trypsin digestion of proteolipids, and the condition of the sulfur amino acids in the proteolipid molecule. They have extended their observations on the increase in the amount of protein extracted with chloroform methanol in absence of ions. The study of the extra protein extracted has shown it to be digestible by trypsin and to have an amino acid composition quite different from that of classical proteolipids.

The study of digestion of proteolipids by trypsin in presence of Triton X100 has shown that the protein is cleaved at the carboxyl end of arginine and lysine. An interesting finding is that the susceptibility to trypsin decreases with gradual removal of the lipids, and that the lipid-free proteolipid protein is completely resistant to trypsin even in the presence of Triton X100. This finding suggests that the removal of lipids from the proteolipids results in changes in conformation of the protein moiety.

J. H. Leston, M.D., and Dr. Lees are engaged in a study of the nature of the sulfur containing amino acids in the proteolipids. Proteolipids have been alkylated in an organic solvent medium under conditions which differentiate between sulfhydryl groups and disul-

fide linkages. In addition they have oxidized proteolipid with performic acid with minimal alteration in amino acids other than sulfur containing amino acids.

J. Eichberg, Jr., Ph.D., has continued his study of heart proteolipid. He has established that cardiolipid is the lipid that clings most tenaciously to the protein. He has confirmed that the amino acid composition of heart proteolipid is different from that of white matter proteolipid and from that of the mitochondrial structural protein. He has developed a combined solvent fractionation and chromatographic procedure which yields 95% of the heart proteolipid protein in a fraction containing 94% protein. The amino terminal group has been found to be aspartic acid, with the curious observation that poorer yields are obtained with highly purified proteolipid rather than with crude proteolipid. This, like the increased resistance to trypsin upon purification of proteolipid protein, suggests that upon removal of loosely bound lipids, the proteolipid protein moiety possibly undergoes some changes which result in a more stable conformation.

K. Hayashi, M.D., has tried to approach the problem of the relationship of polyphosphoinositides, proteins and divalent ions by studying model systems. He has found that bovine serum albumin (BSA) and polyphosphoinositides (PPI) interact in ways that are not found when phosphatidyl serine or other acidic phospholipids are used, that the strong affinity of calcium ions for triphosphoinositide (TPI) is completely masked by BSA in excess, *i.e.* $Ca.^{2+}$ will not combine with TPI in presence of excess of BSA and that acetylcholine releases Ca^{2+} from the TPI-Ca complex.

J. Eichberg, Jr., M.D., and G. Hauser, Ph.D., have continued their fruitful collaboration on the germane questions of the biosynthesis of brain polyphosphoinositides and of the levels of triphosphoinositide-hydrolyzing enzymes during development. In elaboration of results already reported, they found that using DPI as a precursor, substantial amounts of TPI were formed by homogenates from 2-day old rats and that the quantity produced rose with the increasing age of animal. The amount of DPI formed decreases with age. Phosphomono- and phosphodiesterase, the two enzymes involved in the catabolism of TPI, were present in extracts of all ages tested, even in the newborn animal. There is a slight increase with age which does not parallel the marked increase in the amount of TPI.

Dr. Hauser has continued his work on the inositol uptake by kidney cortex. He has also studied the accumulation of cerebrosides and sulfatides in developing rat brain, thus further documenting the parallelism between these accumulations and the deposition of myelin. His most active line of work, however, has been the study of ganglioside biosynthesis. He has been able to establish that rat spleen homogenate will incorporate galactose from UDP-galactose-1-^{3}H into ceramide lactoside and that this incorporation is stimulated by ceramide glucoside. With Dr. Hildebrand he has continued this work and they have apparently succeeded in obtaining the *in vitro* synthesis of ceramide-trihexosides. They plan to extend their observations to brain tissue homogenates.

Working on another aspect of ganglioside metabolism, F. Gonzalez (Sastre), M.D., has measured neuraminidase activity in subcellular fractions of rat brain. Acid phosphatase has also been analyzed at the same time as a biological control.

Pierre and Anne Stoffyn, Ph.D.'s, have oriented their work during the year towards the synthesis of carbohydrate derivatives related to glycolipids. Substantial progress has been made and a number of substrates have become available for enzyme studies.

M. J. Malone, M.D., who has moved to the Kennedy Memorial Hospital, has continued his studies on peripheral nerve sulfatides from normal individuals and from patients with metachromatic leucodystrophy. He has prepared myelin from normal human material and has also continued to study proteolipids from human sources. The move of Dr. Malone to the Kennedy Memorial Hospital will only increase the span of his activities. He plans to keep his affiliation with the Laboratory.

A. H. Khan, Ph.D., has continued his studies on subcellular distribution of sterol esters in the developing brain. In collaboration with H. H. Hess, M.D., he is now studying the fluorescent lipids in the brain.

Neuropathological Studies

(This Portion of the Annual Report Submitted by Alfred Pope, M.D.)

THE work of this section of the laboratory has continued to relate applications of the principles and techniques of quantitative histochemistry and of *in vitro* cell biology to selected problems in regional neurochemistry and neuropathology. The principle lines of investigations have included (1) the chemoarchitectonics of human cerebral cortex, (2) the microchemistry of neuronal membranes and (3) the cell biology of normal and neoplastic brain tissue. Progress during the year may be summarized as follows:

Microchemical Architecture of Human Cerebral Cortex (N. H. Bass, M.D., L. J. Embree, M.D., H. H. Hess, M.D., R. J. Lasek, Ph.D., and A. Pope, M.D.; Miss Thalheimer, Mrs. Wolfe and Mr. Dean). In the laboratory's long range program on the microchemical anatomy and pathology of mammalian cerebral cortex there was re-emphasis during 1967 upon quantitative histochemical analyses of the frontal isocortex of man. The basic experimental design used throughout this series of investigations, which establishes the quantitative introcortical distributions of chemical constituents in relation to architectonic fine structure, was employed without essential changes.

During 1967, two new series of experiments were undertaken on selected post-mortem specimens of normal human frontal isocortex obtained from the Massachusetts General Hospital. In one of these, the intralaminar profiles of cholesterol, total phospholipids, total lipids and DNA have been determined simultaneously. These experiments were designed to clarify further the biochemistry of cortical myeloarchitecture and supplement previously reported data on the myelin constituents, cerebrosides and proteolipid proteins. The results have shown cholesterol concentration (per μg dry weight) to be lowest in layers I and II and to increase steadily at successive intracortical levels to high values in the subjacent white matter. Small elevations with respect to immediately adjacent zones were observed in layers I, IV and the V-VIa junction, the levels respectively of horizontal myelinated fibre systems constituting the angential plexus and the inner and outer striae of Baillarger. Phospholipid concentration was relatively uniform but showed a gradual

increase through the middle and deeper cortical layers and into the subcortical white matter. Thus, in eulaminate isocortex both the cholesterol content and the cholesterol/phospholipid molar ratio appear to correspond with the intralaminar stratification of myelinated axons. Both, accordingly, may be considered quantitative indices of the amounts and integrity of intracortical myelin, though not as perfectly so as the example previously established for total cerebrosides.

The second study has involved determining the intralaminar distribution of adenosinetriphosphatase activity when fully stimulated by optimal concentrations of sodium, potassium, and magnesium. Such Na^+K^+ATPase activity is known to be localized in neuronal membranes and to be importantly involved in establishing and maintaining the differential distribution of cations that produce the polarization potential. Intralaminar distribution experiments have shown that in human as in rat cortex, Mg^{++} stimulated ATPase activity is enhanced by Na^+ plus K^+ at all intracortical levels as well as in the subjacent white matter. The increment is two to three-fold within the layers of cortical grey matter and appears to be especially high in layers III and IV.

During 1967, a specimen of cortex from a far-advanced case of Jakob-Creutzfeldt disease (courtesy of Boston Veterans Administration Hospital) was subjected to multiple microchemical analyses. Throughout the cortex the destruction of neurons was matched by a 75% decrease in concentration of gangliosides. In the supragranular layers especially, total solids, total protein, cerebrosides and proteolipid proteins were all significantly reduced commensurate with the pathological evidence of status spongiosus and demyelination. Increased cellularity was reflected in a rise of DNA, but the RNA/cell ratio was low presumably as a result of neuronal outfall and replacement gliosis. Thus the microchemical results provided a quantitative measurement of the histopathological evidence for primary neuron necrosis with minimal inflammatory response accompanied by secondary demyelination and astrogliosis.

Microchemistry of Cell Membranes of Brain and Retina (H. H. Hess, M.D., and Mr. Dean). Studies have continued on the microchemical and physical properties of frog retinal rod outer segments as examples of modified neural plasma membranes capable of preparation in highly purified form. During 1967, the principle of

continuous particle electrophoresis was adapted and utilized as a technical means for preparation of retinal rod outer segments and for analysis of their surface electric charge. It was demonstrated that purified retinal rods migrate towards the anode in a suitable buffered medium showing that they have a negative surface charge comparable to that displayed by frog erythrocytes. Since rod outer segments contain sialic acid in concentrations comparable to those observed for red cells, it is likely that, as for erythrocytes, the negative surface charge is conferred upon them by the free carboxyl group substituents of this compound.

In Vitro Biology of Normal and Neoplastic Brain Cells (H. Shein, M.D.; Misses Rosasco and Thalheimer, Mrs. Wolfe and Mr. Dixon). Investigations in the tissue culture laboratory continued to deal with the experimental induction and properties of brain tumors and with the biosynthesis of biogenic amines in cultured pineal glands.

The effects of oncogenic viruses (simian virus 40 and polyoma virus) on cultured hamster brain cells have been further investigated. Polyoma virus produces multifocal transformations of dispersed cell cultures of fetal hamster brain, but the dosage requirement is large compared with SV_{40}. The transformed cells exhibit considerable pleomorphism and marked neoplastic potential when inoculated either subcutaneously or intracerebrally into newborn or adult hamsters. For the most part, the resulting neoplasms have exhibited the histological characteristics of grade I and II astrocytomas. In order to obtain genetically and histologically homogeneous cell populations of polyoma transformed astrocytes, successful cloning of such cells was carried out. Cloned polyoma induced astrocytoma cell lines are capable of producing grade I and II astrocytomas in the hamster *in vivo* indicating that the cloned line does indeed consist of well-differentiated astrocytoma cells.

Studies have also continued on the synthesis and metabolism of biogenic amines in organ cultures of adult rat pineal glands. These have involved continued collaboration with Dr. Richard Wurtman of the Massachusetts Institute of Technology and Dr. Julius Axelrod of the National Institute of Mental Health. During 1967, it was demonstrated that pineal gland cultures have the capacity for synthesizing serotonin, 5 hydroxyindole acetic acid and melatonin for at least four days *in vitro*. By means of isotopic labelling techniques the kinetics of the steps involved in these biosynthetic reactions have

been analyzed. In addition, the stimulatory effect of adding norepinephrine to the system on the *in vitro* synthesis of protein, serotonin and melatonin has been demonstrated.

Miscellaneous projects during 1967 included the study of RNA, lipid sialic acid and proteolipid protein constituents in the axoplasm and nerve sheaths of squid giant fibers (R. J. Lasek, Ph.D.), and efforts to produce experimental neurofibrillary degeneration in the monkey nervous system by means of aluminum phosphate administration (L. J. Embree, M.D.).

JORDI FOLCH-PI, M.D.
Director of Scientific Research

Report of the Director of Social Work

THE statistical report for the year reflects the ever increasing broad range of services offered. In September 1966, 352 patients and families were being actively carried. During the next year there were 311 new, 16 reopened cases so that 679 patients and/or families were reached. There were 4655 interviews conducted and 4135 telephone calls with inpatients and/or families; 1697 interviews were conducted with outpatients, day care patients and/or families, plus 1528 telephone calls for a total of 6352 interviews and 5663 telephone calls. Conjoint interviews were conducted in approximately 40 cases each month, family interviews in approximately eight cases each month, indicating that the majority of people were seen in individual sessions. It is hoped that next year the statistics will be refined to obtain more details of the type of treatment being offered along with the patient's hospital status. The social workers have been gratified at the spreading of interest among various staff members in "family therapy".

As in the previous years there were about 200 preadmission interviews with an increase of 400 telephone calls amounting to 2485 regarding admission and readmission. Although the number of cases processed remained relatively stable, *i.e.* 1040 vs 1057, the preadmission workers noticed an increase in calls regarding geriatric cases which was probably related to Medicare. 42 patients were admitted in this category. Also, the widespread increase of drug taking among young people led to many requests for hospitalization for those with serious symptomatology. Because of the complications inherent in these cases, many conversations were necessary regarding the pros and cons of admission, waiting list problems, etc.

Foster Home placements continued steadily with about 15 patients in homes each month and with over 30 patients being placed in the course of the year.

A major innovation concerned social work education. In a joint endeavor with Boston University School of Social Work, it was arranged that five first-year case work students and one first-year group work student would be placed as a unit at the hospital with the students remaining for two years. In September 1967, the experiment began with the students placed in the Outpatient Clinic to be assigned on the private service in their second year. Associate Pro-

fessor Daniel Carter deserves much credit for bringing the plans into fruition. To our knowledge, this is the first such teaching attempt in the Boston area. Placements offered to second-year students have continued as usual.

In response to a request from a nursing home in Lexington, Massachusetts, in July, the Social Work Department agreed to act in a consultant capacity regarding patients with various family and personal problems. Mrs. Harriet Baxter has taken on the responsibility for this new service.

In June, Mrs. Helen Warren and in July, Mrs. Elizabeth Hecker resigned because of their husbands' transfers out of state. Miss Margaret Mayeda was employed in July. In September, Mrs. Karen Andrews and Mrs. Laura Coleman joined the staff, and Mrs. Harriet Baxter returned from leave of absence so that the case work staff reached its full complement.

Miss Jo Ann Glotfelty, Social Group Work Supervisor, resigned in August to accept a faculty appointment at Rutgers School of Social Work. Miss Glotfelty was honored at a farewell luncheon in appreciation of her contribution to the hospital in developing the group work program. With her departure, the group work services have necessarily been further curtailed. Unfortunately, recruitment efforts to obtain additional group workers have not been successful.

Mrs. Mollie Grob and Miss Golda Edinburg, with assistance from Dr. Alfred Stanton and Dr. Norbett Mintz, completed the coding manuals to be used in a follow-up study of adolescent patients. Mrs. Grob began to interview families and patients and expects to continue on this project for at least another year. Mrs. Grob has been appointed as Special Instructor in Social Work Research at Simmons College School of Social Work.

Mrs. Irene Daitch presented a paper on Discharge Planning at the fall meeting of the hospital Auxiliary.

Miss Golda Edinburg accepted the chairmanship of the Institute Committee of the Massachusetts Conference on Social Welfare and the chairmanship of the Professional Advisory Committee of the Fort Hill Mental Health Association.

Although there is a detailed report of the Outpatient Clinic, some elaboration of the social work services seemed indicated. About 1400 patients and/or families were carried, 458 of whom were new to the Clinic. There were 4652 interviews plus 2616 telephone calls con-

ducted. Treatment was offered in 704 cases, with the remainder receiving diagnostic service, consultation and/or referral. 334 cases were closed during the year.

There was a marked increase of "multiple" interviews, *i.e.* "conjoint" or "family" as part of the diagnostic process as well as for regular treatment. Mrs. Shirley Goldstein, Case Work Supervisor, was most helpful in working out the details of the assignments for the six first-year Boston University students. She also was the leader of the "Family Therapy Institute" at the Massachusetts Conference on Social Welfare.

GOLDA EDINBURG, ACSW
Director of Social Work

Report of the Activity Therapies Department

1967 was a year for both consolidation and new development in the programs offered in activity therapies. While attempting to maintain at a high level the number and variety of opportunities offered patients for work, socialization and creative expression, the Department took a major step forward by becoming more directly involved in the life of the halls. Twelve therapists were assigned to specific halls for half their working hours with responsibility for treating individual patients on these halls, coordinating their work with other activity therapists in the Department, and for stimulating ward activities and social interaction among patients and staff as a group.

Creation of the "hall activity therapies" role has necessitated special inservice training in two areas. The first of these is familiarization with a wider range of activities. Activity therapists are well grounded in their specialties (*e.g.* music, art. crafts, sports, etc.). But in order to respond to the total needs of patients for activities either by direct provision or by referral to the appropriate resource, the activity specialist must become in a sense a generalist. To this end a formal activity workshop was held throughout this year with teaching and discussion provided in each activity area by the various subdepartments. The second type of knowledge necessary concerns group leadership and group dynamics. This training is being provided through regular supervision and teaching by Mr. James Garland, Director of Activity Therapies, and Miss Jane Compton, Acting Supervisor of Social Group Work. This move from clinic-based activity specialists to hall-based group activity workers has been a complex albeit rewarding one, and we have been gratified by the positive reaction and support our efforts have received from physicians and nurses. That patients find the deployment helpful is evidenced not only by an increase in group-sponsored cookouts, interhall parties, community trips and the like, but also by increasing use of planning committees and social gatherings for sharing ideas about their lives together, for gaining mutual emotional support in times of crisis, and for remaking of emotional bonds that have been strained or shattered by their illness and removal from community and family.

Several staff members have enhanced their skills during the year by taking advantage of hospital-sponsored courses both at the hospital and in the community on subjects such as photography, community rehabilitation resources, and psychomotor therapy. These courses have resulted in direct improvement in the services we provide. Mmes. Helga Haendel and Christie Phillips and Mr. William Balmer taught courses in art, design and woodworking as part of the Arlington School program. Mrs. Haendel worked with Dr. Marvin Snyder in developing a family art diagnostic procedure. Staff members Mlles. Elaine Woldorsky and Doreen Hartley, Ms. Robert Pilsbury, Balmer and Garland have been active in teaching, group leading, consulting, and presenting papers to a variety of community and professional groups. Students from Tufts University and Sargent College, Schools of Occupational Therapy, the Massachusetts Social Work Careers Program, and the Bennington College non-resident semester program provided excellent service and received training during the year.

The following are some staff changes and program highlights from the sub-departments.

In Occupational Therapy, Mrs. Jean Weatherbee, Supervisor, resigned to devote full time to her family and was replaced by Miss Iris Carroll who brings experience in teaching and research in addition to a varied clinical background. Miss Doreen Hartley also joined the staff. Photography and cooking groups were popular during the year, and as was mentioned previously, cooking, painting, and sewing projects were related increasingly toward group life.

The completion of the gymnasium renovation brought new brightness to the setting and to the programs in Recreational Therapy. The Lounge area is now in full use as a social gathering spot, and weekly parties, movies and cook-ins are held there as well as a "first" New Year's Eve celebration. Special ward programs were enjoyed on a regular basis by one elderly group in particular. Canoeing, skiing, hiking, and trips to Crane's Beach were featured as well as community outings. The patient-staff basketball team had a successful season in competition with community teams, and for the first time our softball team participated in the Belmont League. Mr. Angelo Marotta replaced Mr. Robert Bruzzese, who left to become head counselor in a children's treatment home, and Mrs. Bruzzese was replaced by Mrs. Marijayne Falwell. Mr. Albert Pesso joined our

staff as Psychomotor Therapist and Instructor, on a quarter time basis, and is planning to develop techniques for evaluation of this promising new method of treatment.

The Creative Arts staff was increased with the appointment of Mrs. Christie Phillips as Art Instructor, and Miss Octavia Chater replaced Mr. John LeGates as Horse Riding Instructor. The horseback program was increased to full time and plans are being made to bring the number of horses up to four, thus meeting the heavy demand for instruction and permitting use of our magnificent grounds for trail riding. The staff organized a very successful patient-staff art show which graced the renovated gymnasium for its reopening celebration. Play reading and drama workshop, under the joint aegis of Creative Arts and Recreational Therapy, were consistently well attended.

Increased interest in instrumental groups in Music Therapy was noted, and the folk, and rock and roll idiom served as a focus for the young people for meaningful peer association. Mr. Paul Roberts was appointed as an additional Music Therapist.

Miss Joyce Miller was appointed as Vocational Rehabilitation Counselor. Although job opportunities in the paid work program increased to the point where fifty to sixty patients work in all parts of the hospital, the demand is for more jobs. An agreement has been made with the Brookline Mental Health Association and Metropolitan State Hospital whereby our patients may receive training in the sheltered workshop operated jointly by them. Our next step will be to establish further contacts with firms in the area as vocational resources so necessary to patients' movement back into the community.

The Patients' Library continues to run smoothly, with responsibility for daily operation, cataloging, and selection of new books resting mainly in the hands of patients working under the supervision of the Librarian.

The Volunteer Department provided both programs and personnel indispensable to hospital social life and its report is included separately.

JAMES A. GARLAND
Director of Activity Therapies

Report of the Volunteer Department

MORE of the volunteers were active this year, 61 compared with 41 last year, and they contributed 4,358 hours, a 928 hour increase. (The Auxiliary-operated Gift Shop, McLean's biggest volunteer enterprise where about 30 women invest around 2,500 hours each year, is not counted in these figures.) Of the 45 new volunteers 20 were undergraduate students, proportionately fewer than usual. Attracting so many new people to volunteer service places additional demands on staff to provide suitable orientation, training, and continuing supervision. But it also gives us the opportunity of serving some of the objectives of any volunteer program in a psychiatric facility: helping to integrate the hospital into the community, increasing citizen understanding of mental illness, and encouraging careers in mental health fields.

Continuing Programs: The Patient-Volunteers Gardening Club completed its 11th year of work in the greenhouse and hall gardens. The Art Lending Library supplied art reproductions for use in patients' rooms. The Proctor games sessions gave stimulation to older patients. Outpatient Clinic volunteers visited families and provided other services under the guidance of the social work staff. Plans to replace the aging greenhouse with an up-to-date facility more closely related to other activity programs are in the final stages.

New Programs: A weekly nature walk was started by Mrs. Kenneth Butler of Belmont, assisted by eight others, especially Mrs. Fred Hawkins of Newton and Mrs. Joseph DeGiacomo of Belmont. Several volunteers became "Work Supervisors" helping patients to take first steps in carrying out job responsibilities. This program is under the supervision of Miss Joyce Miller, Vocational Rehabilitation Counselor. A number of other volunteers were assigned as regular visitors to particular patients under the direction of their administrating physicians who wanted them to have this kind of companionship.

Inservice Training Meetings: Five meetings were held during the year and we much appreciated the participation of Peter B. Jenney, M.D., Associate Director of Day Care Center; Joseph H. Herzberg, M.D., and Fredric J. Phillips, M.D., Resident Psychiatrists; and Joel Davidson, Recreational Therapist.

It was especially meaningful that the hospital thanked its 28 volunteers and 22 Auxilians for their exceptionally long and diligent

service in a ceremony combined for the first time with service awards to staff members. Special recognition went to Mrs. Charles A. Coolidge for founding the Volunteer program and serving as its chairman through its first ten years. Mrs. Winthrop S. Jameson, Jr., was appointed new Chairman of Volunteers as she completed her ninth year of service with the Gardening Club.

Looking ahead, it would appear that we must interest more doctors, nurses, and social workers in the creative use of volunteers if we are to significantly augment their services to patients. We need many more staff people who will spend a little time in supervising volunteers who are giving direct services to patients. Only such on-going communication can bring benefit to the patient and reward to the volunteer. There seems to be a lack of general agreement among clinical professionals about the desired role of volunteers in our hospital, even whether or not volunteer participation in the patient's treatment program may be appropriate at all. Some may view the presence of volunteers in the hospital as a means of enlightening the community about mental illness and of improving hospital-community relations, but as having little reciprocal gain for patients or staff. At this time when it is expected that McLean will take an important lead in developing the local community health center and when plans for a new children's hospital are being formulated, it is especially important that we explore fully the contribution which volunteers can make to patient well-being and the amount of professional time which may be allocated to the training and supervision of such volunteers. Some public mental hospitals are training neighborhood volunteers to serve as a liaison between the treatment team and the patient after he leaves the hospital. Through regular structured visits the volunteer offers support to the patient and makes observations which can keep the professional staff informed of the patient's adjustment. This way of capitalizing on volunteer energies may not be suitable for a private hospital; but we do need to review what we want of them. Would the patient be helped by this relatively undemanding companionship? Can the patient be interested in activities through participation with non-cathected, neutral figures? Is there an unspoken message conveyed to the patient by the volunteer's gift of time and attention, suggesting that he is not forgotten and that he does matter to others? An evaluation of the current volunteers programs seems to be indicated. If more volunteers could

be used, then we need to involve additional professional staff to plan for and supervise the services desired.

DOROTHY M. MULLER, M.S.W.
Director of Volunteers

Report of the Nursing Department

The Nursing Service

DURING 1966-67, the Director of the Department continued toward the goal established the previous year of attaining the autonomy of the nursing service in order that its key members could take their place as colleagues with key members of the other professional disciplines. Therefore, supervision was provided by the Director for clinically oriented nurses held responsible for patient care on each of the halls. The clinical orientation of nurses was accomplished by the on-going training program in "nursing process" initiated in 1963 by Mrs. Ida Orlando Pelletier. This program has been continued by Miss LaVonne E. Davidson, who received this assignment from the Nursing Director in 1965.

This year the training program did not begin until October 31, 1967, because of the severe shortage of nursing service personnel during the early fall. A decision was made to concentrate more on the six-week program for staff nurses rather than on the 12-week program for supervisors. Thus, six nurses received a regular 12-week program and 13 nurses received a regular six-week program. In addition, six staff nurses (two of which were part-time) who were very interested in the program but could not be accepted for it because they were part-time or did not intend to stay a year, undertook it on a voluntary basis. This meant that these nurses continued their full duties as a part of the complement on their own halls. Written reconstructions, individual and group conferences were held on their off-duty time. One of the regular students was also trained on her own hall, although not considered a part of the staff complement. This was a departure from the usual procedure of sending the student to another hall for her training. One of the objectives was to determine whether or not the training could be conducted effectively on the trainee's own ward, since this would then cut down the shifting of personnel which could cause problems to patients. The efficacy of training nurses on their own halls, however, has not yet been satisfactorily determined. Although the program was conducted largely by Miss LaVonne E. Davidson, supervision of one regular and two voluntary students was undertaken by Miss Marguerite Conrad.

For some time the Nursing Service has been receiving inquiries from nurses outside the hospital who wish to take the program in "nursing process". On May 29, 1967, the first outside registered nurse was accepted. She paid a tuition of $250.00 for a six-week program. Her own hospital paid her full salary while she was in the program.

After May 1967, the clinical supervision which had been given during office conferences with the Nursing Director was conducted on the halls. This proved more constructive since staff nurses, as well as the head nurses and clinical supervisors, were frequently involved in discussions regarding immediate patient care. It became obvious that a great deal of reinforcement was needed by those trained in "nursing process." The Assistant Director of Nursing Service and the Coordinator of Training in Clinical Nursing were asked to make hall visits for this purpose. Also, the Coordinator established small weekly group meetings for former trainees. On-going evaluation continues to determine what further follow-up is needed for trainees in "nursing process" after they resume service responsibilities.

Immediate supervision of key nurses in the department resulted in nurses fulfilling the following responsibilities:

1. Providing on-going supervision to nursing personnel on three tours of duty in response to direct requests or on-the-spot observation of such needs,
2. Coordinating time for all three tours of duty,
3. On-going teaching safety program both patient and staff oriented,
4. Initiating physical improvements on the halls,
5. Instituting assignment sheets whereby nursing personnel are assigned specific patients to care for,
6. Increasing collaboration with psychiatrists in charge, as well as resident physicians,
7. Joint participating of patients and staff in ward activities to improve rapport, and
8. Initiating meetings of nursing staff to assist them with their reactions to patients and each other.

Administrative supervisors, clinical supervisors and head nurses decided to meet together as opposed to individual meetings held previously. Discussions at these meetings focused on resolution of mutual problems as well as review and reinforcement of hospital

and nursing service policies. The Nursing Director appointed several committees from this group for the purpose of preparing ground work on specific issues which were then brought to the larger group for discussion. These committees are developing

1. A rotation schedule for night coverage,
2. Orientation for nursing personnel,
3. Nurse practice for revision of nursing procedures, and
4. Implementation to carry out work necessary for operationalization of decisions made by the group.

Committees for the first three issues are *ad hoc.* A permanent committee has been set up for implementation.

Patient units were provided with an established quantity of emergency equipment. The assistant purchasing agent and clinic nurse were contacted to determine items that must be ordered as opposed to items that were readily available in the hospital. It was established that the clinic would function as a central supply area and distribute all equipment in accordance with a predetermined standard amount. Equipment carts were ordered to provide both storage and mobility for the emergency equipment. The clinic nurse was given the responsibility of setting up each cart according to a standard and agreed to work collaboratively with the clinical supervisors. The clinic nurse was also given the responsibility of orienting the nurses to the new equipment and its use.

The project "Two Systems of Nursing in a Psychiatric Hospital" directed by Mrs. Ida O. Pelletier progressed as expected. Data was collected and is now being analyzed.

The Nursing Director expresses appreciation to the nursing personnel whose functioning showed dedication and to those colleagues without whose collaboration this could not be achieved.

School of Nursing

During the school year 1966-1967, the faculty and students have worked closely together in the interests of the school and student education.

Twenty-three students were promoted from the second year to the third year. The faculty honored them at a buffet dinner. The morale of this class has remained high even though they are the last class enrolled in the basic diploma program of the McLean Hospital School of Nursing.

Of the seventeen senior students who were graduated in June 1967, eight accepted staff nurse positions at McLean Hospital. The majority of the men graduates eventually will enter either the Army, Navy or Air Force Nurse Corps.

Participation in the Student Loan Program under the Nurse Training Act of 1964 has continued. The amount of federal capital contribution approved for the fiscal year ending June 30, 1967 was $3,658.50 and the minimal amount of institution capital required was $406.50 making a total of $4,065.00. Seven students were approved for funds and received a total of $3,959.00 during the school year. Funds of varying amounts to help students defray costs were realized from the McLean Nurses Alumni Association, McLean Hospital Auxiliary, and several community agencies.

Under the leadership of Miss Kathleen Schaefer, President of the Student Association, the members were busy throughout the year with social, educational, civic, and fund raising activities. A major project completed this year was the revision of the Student Handbook. The senior students served as ushers at the "McLean Night at the Circus," Boston Garden, sponsored by the McLean Auxiliary. Mr. Nathaniel Bradley was elected Vice President of District #8 of the State Student Nurses Association. Several other students served on committees at the district and State level and two students were delegates to the National Convention in New York City. The officers and members of the McLean Student Nurses Association are to be congratulated for the mature and productive manner in which they have conducted their meetings and activities.

At the annual graduation exercises, Mrs. Anne Kibrick, Ed.D., Dean of the Boston University School of Nursing, was the speaker. The class gift presented at the exercises was a sum of money to be used for graduate nurse education. The Wetherill Award for recognition of the "spirit of thoughtfulness for others," was awarded to Mr. Nathaniel Bradley and Mr. Richard Maher. The McLean Hospital Nurses' Alumni Educational Scholarship was awarded to Mr. Richard Maher and the Lucille Pitcher Memorial award for excellence in psychiatric nursing was given to Mr. Nathaniel Bradley. The Annabella McCrae Scholarship was awarded to two undergraduate students, Mrs. Marian Davis and Mr. Richard Enright.

Although the Advisory Committee to the School of Nursing had only one formal meeting, individual members have given counsel to

the Director of the School of Nursing. Their continued support in this "phasing out" period of the diploma program is greatly appreciated.

In keeping with the phasing out plans two faculty positions were terminated during the year. The administrative officers wish to thank those instructors affected by the change for their contribution to the school and for their loyalty to McLean Hospital.

Family obligations and school have contributed primarily to the turnover of psychiatric nursing instructors, with four resignations regretfully received. Appointments to the faculty during the year in psychiatric nursing instructor positions were: Miss Patricia Tyra, M.S., Miss Rose Barile, M.S., Miss Lynda McPeek, M.S., and Miss Jane Walsh, B.S.

The members of the faculty and constituent committees have continued to focus their major attention on the psychiatric nursing program of studies for McLean senior students and affiliate students. During the year combined meetings were held with representatives from the respective diploma schools that send their students to McLean Hospital for affiliation in psychiatric nursing. In keeping with current educational trends it was agreed that beginning in September 1968, McLean Hospital would make available to the affiliating students, selected clinical facilities for educational purposes. Each affiliating school would assume the responsibility of providing instructors for instruction and supervision of their respective students. It was further agreed that the affiliating students would live at their home school and commute to and from McLean Hospital. When so desired, the instructors and students could purchase meals in the McLean Hospital cafeteria or coffee shop at the same rate charged hospital personnel. We look forward to the innovation of these plans and to our continued relationship with the affiliated diploma schools.

For the first time Associate degree students were accepted from Newton Junior College, Newtonville, Mass., for a three-week experience in psychiatric nursing. The students were accompanied by their own instructors. Subsequent to evaluation of the experience, it was agreed that McLean Hospital would provide selected clinical facilities for educational purposes for Newton Junior College nursing students next year.

A planning committee was formed, with representation from selected colleges and universities, to give thought to future educational programs at McLean Hospital. In discussion, major emphasis has been placed on a post Master's residency program in psychiatric nursing.

Three faculty members received their Master's degree this year — two with a major in psychiatric nursing and one with a major in education. Faculty members have participated in conferences and in-service education programs in the school and hospital and have attended and participated in meetings, workshops and conventions sponsored by regional, state and national nursing organizations.

During the year, Mrs. Mildred C. Makin, Assistant Director of the School of Nursing, has held the office of President-Elect of the Massachusetts League for Nursing. She assumed the office of President on December 6, 1967. Mr. John Grady, Jr., Instructor in Nursing, is Chairman of the Public Relations Committee in the same organization.

At the request of the editorial staff of *Nursing Outlook,* the official journal of the National League For Nursing, Mrs. Makin wrote an article entitled "Phasing Out A Diploma Program Need Not Be A Death Watch." This article was published in the October 1967 issue.

A specific recommendation to the Director of the hospital is as follows:

> that the School of Nursing Library be incorporated within the development of a satisfactory library service with other professional groups.

The achievements of the School of Nursing have been due chiefly to the efforts of Mrs. Mildred C. Makin, Assistant Director of the School of Nursing, and to the unfailing support of the members of the faculty.

HILDA MERTZ, M.S.N.
Director of the School of Nursing and Nursing Service

McLean Hospital

Students Participating in "Nursing Process" Program

	Students Enrolled	Students Remaining 10-1-64	Students Remaining 10-1-65	Students Remaining 10-1-66	Students Remaining 10-1-67
Regular Students					
1963-1964	2	2	2	2	2
1964-1965	4		1	1	0
1965-1966	12			11	6
1966-1967	19				16
Voluntary Students					
1966-1967	6				4
Total	43				28

McLean Hospital

Statistics of the School of Nursing

	Women	Men	1966-67
Total Number Preclinical Students Admitted	0	0	0
Preclinical Students Dropped or Resigned	0	0	0
Accepted Students Dropped or Resigned	0	0	0
	0	0	0
Students Graduated	10	7	17
Student Veterans Enrolled	0	2	2

McLean Students on Affiliation—October 1, 1967

	Women	Men	Total
Massachusetts General Hospital	0	0	0
The Children's Hospital	0	0	0
Boston Lying-in Hospital	14	9	23
Total	14	9	23

Affiliating Students From Other Schools Who Completed Course 1966-67

Massachusetts General Hospital	105	0	105
The Children's Hospital	41	0	41
Peter Bent Brigham Hospital	43	0	43
Simmons College School of Nursing	22	0	22
Newton Junior College School of Nursing	17	6	23
Graduates	4	0	4
Total	232	6	238

Report of the Psychology Department

THE expansion of the training program in Clinical Psychology and the increased involvement in the Outpatient programs are the major changes over the past year. The department has also continued its usual functions of psychological testing, psychotherapy, and research. A total of 780 tests was administered to 190 patients, 15 inpatients as well as 13 outpatients were seen in individual psychotherapy, and approximately 45 patients were treated in the family or group situation. Various staff members have also been involved in at least seven different areas of research investigation.

The training program, supported largely by National Institute of Mental Health funds and directed by Robert D. Schnitzer, Ph.D., has continued to be highly rewarding and has been attracting more applicants from a wide range of geographical areas. This year there were four interns: Robert Dick, B.A., Lois Levin, M.A., Carl Rubinroit, M.S., and Abby Wolk, M.S., who are Ph.D. candidates from the University of North Carolina, Boston University, University of Texas and Adelphi College, respectively. In addition, two advanced trainees, Alvin Pam, M.A., from the University of Buffalo and Carter Umbarger, B.A., from Brandeis University were appointed to the staff. These two, who are also Ph.D. candidates, are continuing their training in Clinical Psychology. The hospital's interest in the development of a more specialized program for the adolescent patient population and the Psychology Department's interest in expanding its service activities and training opportunities have led to the appointment of one of our trainees, Mr. Pam, as a ward psychologist on a hall with a large number of adolescents. Although the role of the psychologist on the ward treatment team has yet to be clearly defined, he is already participating in ward activities and discussions, testing patients on the ward and running group therapy sessions with some of the adolescents. A similar assignment has been made by placing Mr. Umbarger on another ward where, in addition to testing patients on that ward, he is functioning as an observer and consultant on psychological and sociological issues of the ward's organization. Since our intern training program is a joint one with the Beaverbrook Guidance Center, all of our interns spend half of their time working with children in an outpatient setting and the other half is divided between the McLean Inpatient and Outpatient Clinic.

All the trainees receive intensive supervision from the senior members of both the Psychology Department and psychiatric staff. Other teaching functions within the department include a course in Introductory Psychology given by Scott Reinhardt, M.A., to the student nurses, a seminar on the Theory and Practice of Psychological Tests given by Irene Pierce Stiver, Ph.D., and several conferences and seminars on family therapy organized by Marvin Snider, Ph.D.; several meetings are also held each month with the medical students.

The evaluation of patients through the medium of psychological tests continues to be one of the major service functions of the department. Most adolescent patients are tested and information from the tests is shared with the staff of the Arlington School to further the understanding of academic difficulties when they arise and to emphasize the particular intellectual and artistic strengths of each patient. In addition, clinical issues of diagnosis and the planning of treatment programs are often clarified by the psychological test data; the most frequent reasons for referring a patient for testing are questions about diagnoses, depth of pathology, brain damage, and suicidal potential.

Richard Bonier, Ph.D., Mr. Reinhardt, and Dr. Snider continue to play an active part in the activities of the Outpatient Clinic. Dr. Bonier is now spending half-time there both to serve as co-director of a research project and to offer more clinical and teaching services. In addition to doing individual psychotherapy he is conducting group therapy sessions and participating in the supervision of the interns while they are working in the Outpatient Clinic. This year Mr. Reinhardt initiated an intake group which consists of patients who are in the process of being evaluated at the Outpatient Clinic and are waiting to be assigned to a therapist. The purposes of this group then are to help in the evaluation, diagnosis and treatment planning of patients and also to allow the patient to become involved almost immediately in a therapeutic program until a more definitive treatment plan has been arranged. The Family Therapy Program both in the hospital and in the Outpatient Clinic is one of the special interests of Dr. Snider, and he is actively engaged in expanding the teaching, therapeutic and research possibilities in this area.

Members of the department are involved in various research projects. The research project concerned with crises of adolescence in which Dr. Bonier is actively involved, together with Jacob Christ,

M.D., and Shirley Goldstein, M.S.S., has been granted support from NIMH and is now underway. It is largely directed toward investigating factors in family pathology as they contribute to difficulties during adolescence. Dr. Snider's own interests in working with families have led to the development of a research project on Family Art Diagnosis and Evaluation which has been submitted to NIMH. Dr. Bonier is pursuing his research in the area of psychosomatic illness and Mr. Reinhardt is completing his large study on the comparative evaluation of mood states over a period of time in hospitalized and non-hospitalized adults. Dr. Schnitzer is continuing the investigation of content and process occurring in psychotherapy interaction in conjunction with Alfred Stanton, M.D., and other members of the staff, and he is also working with Dr. Bonier on an investigation to determine those factors which influence the elevation of some aspects of cognitive functioning. Norbett Mintz, Ph.D., who is supported by an NIMH Career Development Grant, is well underway in his investigation of ethnic factors in psychopathology. Dr. Stiver's research interests are in the area of perceptual defense and delinquency, and the latter is being pursued in some investigations conducted at the James Jackson Putnam Children's Center where she is a Research Consultant.

IRENE PIERCE STIVER, Ph.D.
Director, Psychology Department

Report of the Public Relations Department

THIS past year we focused our attention on reaching two major groups of people, our employees and the general public. We planned programs and special events to strengthen the flow of information to both these groups in addition to the continuing work of producing the *Newsletter,* the *Bulletin,* brochures, invitations and publicity about regular yearly events. Our publicity covered appointments, graduations (nurses and patients in our high school), service awards and special events such as the Psychotherapy Symposium, the Circus Benefit and the Community Open House.

Employee Relations

It is no news that in any organization, public relations is everybody's business, and "everybody" is all the employees. But the question we asked ourselves was, "Did employees really know enough about what was going on to get the most satisfaction out of their jobs as well as becoming good public relations representatives?" The Administration and the Public Relations Committee doubted it. We thought we could do more to keep employees abreast of what was going on. So we launched a three-part program. First, we wanted to reach people with regular written news, so we started the monthly *Bulletin.* Secondly, we wanted to reach people on a person-to-person basis, particularly all new employees, and we wanted them to see the patient areas of the hospital, so the Public Relations and Personnel Departments collaborated on monthly employee orientation meetings. And thirdly, we wanted to make sure the *Bulletin* or any other communication reached every employee personally, at home, by mail, so we started the mechanics of putting all personnel on a mailing list.

Comments about the *Bulletin* and the Orientation Program have confirmed our original premises. Employees have appreciated knowing as much as possible about where they work; spirits and morale are high, and the patients we are here to serve are the ultimate gainers.

Community Relations — The Circus Benefit

The Auxiliary gave the hospital a tremendous boost in helping community relations. They selected Opening Night at the Circus on

June 2 for a benefit. This event drew many people into the hospital's orbit to help with planning. The Public Relations Office and the Benefit Committee hoped that committee members would learn something about the hospital while they worked for it. A number of opportunities were arranged to tell about McLean: meetings, tours, and reports. By forming a large committee (129) we attracted many people not previously affiliated with McLean and hopefully gained them as informed ambassadors of good will.

In addition to reaching a great number of ladies on a personal level through working with us, the hospital gained general publicity in two ways. First, the benefit invitation was mailed to over 5000 people. It was bright, gay, and attracted much notice and praise. Secondly, and more obviously, the newspapers were extremely cooperative. The event was thoroughly reported before, during, and after the event. (More details about the Benefit are contained in the Auxiliary Report).

Community Open House

Work on the benefit lasted for six months from January until July. From July until September the office staff underwent a complete change. By September we had regrouped, caught a short breath and right after Labor Day plunged into another major community undertaking, an Open House with Beaverbrook Guidance Center.

Why an Open House? We had thought about this for some time and actually had postponed it from the year before. The time seemed ripe to open the hospital grounds to the general public. We had not planned an event aimed to attract everybody who was interested or curious about the hospital in a long time. Previous invitations had been to professional groups, Auxiliary members or guests invited to the dedication of the Rehabilitation Center. Probably the last time people from the town of Belmont had come to the grounds in any number was in connection with the town's 100th anniversary, June 17, 1959.

Because McLean is the largest landowner and employer in the town, the Public Relations Committee agreed that we should periodically invite all the community to see what was going on "up there on the hill," to erase the natural barrier of the wide apron of land which separates us from the community, and to foster cordiality and provide information on a large inclusive scale.

At Dr. de Marneffe's urging, the committee expanded the original idea of a Belmont Open House to include Waltham and Watertown. This three-city area was our newly-defined community mental health district according to recent state law.

We had a three-fold purpose in planning this event. First, we wanted to invite people to see our buildings and grounds and the many facilities we had for our treatment programs. Several areas were especially new, the Arlington School and the Outpatient Clinic. Secondly, we wanted to inform the public about our future development plans and thirdly, we wanted to demonstrate McLean's active interest in the community, and the hospital's wish to develop future hospital-community interaction.

The date was set for Sunday, October 22, from 2:00 p.m. to 5:00 p.m. This left us six weeks from after Labor Day to our deadline to do everything; tour organization, program planning, designing and printing invitations, mailings, and publicity. The Open House Committee met weekly to compare notes and report on progress. With everyone's marvelous cooperation and follow-through we were ready on time. This was also largely due to the excellent Public Relations office staff and my new assistant, Miss Gail Eaton, and patients who worked long, hard, and many evenings.

We distributed and mailed a total of 15,000 fliers and publicized the event widely. But how many people would really come? We worried and waited. Sunday dawned sunny and clear. Was this a good omen? It was. At 2:00 p.m. cars started to arrive and by 5:00 p.m. cars had brought between 1500 and 2000 people to the grounds. Maps and programs were handed out at the parking lots showing people that they could visit many places: the Arlington School, Gymnasium, Research Laboratory, Pierce Hall for a slide presentation, South Belnap I, the Rehabilitation Center, the Chapel, the Outpatient Clinic and Beaverbrook.

A luncheon for civic leaders in Belmont, Watertown and Waltham was organized with the help of the Auxiliary. Auxiliary board members and husbands, senior clinical staff and wives, department heads and husbands and wives, trustees and wives, and guests from three cities attended.

From advance informal questioning of newspaper editors and some Auxilians we had found support for our plans. But the large crowds and compliments which we received during and after the

event overreached all our expectations and solidly confirmed our impression of the interest abroad in the land.

Patients and the Public

While making the arrangements one of the major questions raised was, "Could patients go on the Open House Tour?" Many of them had not seen some of the areas which were to be open, the school, the labs, the Outpatient Clinic, etc.

The committee and the psychiatric staff discussed the pros and cons and it was resolved with a decision that this event was conceived for guests and not for patients, that the staff was needed to devote its energies to our visitors for those three hours, that patients should be able to see all parts of the hospital but that they could plan such tours through their Patient Orientation Committee. Another issue involved here was the one of maintaining the patients' privacy.

It was interesting to note that although there was undoubtedly some visitor disappointment in not seeing patients, in the few instances where remarks were reported to us, visitors were glad that the patients' privacy was maintained, that patients were not "on view," that we stuck to the main point of having the public meet our staff, hear about programs, and see what our buildings looked like.

This was the year of the movie, "Titicut Follies," an exposé of conditions at Bridgewater State Hospital. It caused a furor by fully exposing and identifying patients to the public eye.

In taking the decision out of the patients' hands as to whether they could participate in a public hospital event, we may have been undemocratic. But we decided that we should continue to err on the side of being protective and conservative for the peace of mind of patients and their families.

"The Time Here" — Slide Presentation

One of the most complicated projects we embarked on this year was commissioning the production of a slide presentation, "The Time Here." It was produced in time to be shown the afternoon of the Open House and we estimate that about 700 people saw it. Approving the production of this filmed story of McLean's work, the Public Relations Committee foresaw many future uses for it. We plan to use it regularly for both employee and patient orientation

meetings, for lay groups visiting the hospital or as an accompaniment to a hospital speaker going into the community. It tells a general story about the hospital but does so by evoking considerable mood and using a minimal recital of facts. Voices of staff and patients describe their work, their feelings and the hospital's philosophical approach. It is presented in fourteen sections woven together with music and graphics. It was done with sensitivity and good taste and was well received.

We feel that this is one of the most important communications tools we have ever had due to its versatility for many audiences and the excellence of its production.

Professional Relations

Professional meetings often include exhibits, and the hospital is repeatedly asked to enter an exhibit. Last fall, with the completion of the Arlington School Brochure, we decided to capitalize on the brochure's photographs and the descriptions of the school's work to make a portable display. The exhibit was accepted as a Blue Ribbon Exhibit at the New England Hospital Assembly. It was on display at the War Memorial Auditorium and was staffed by members of the school faculty who answered questions and handed out literature about the school and the hospital. The Assembly is an educational meeting lasting several days in March for everyone involved in hospital work: Trustees, Auxilians, and hospital personnel.

This exhibit will be used for the next few years at local meetings as well as a few across the country.

Publications and Photography

Publishing continued to be the department's major business. During the year we published two *Newsletter;* ten *Bulletins;* a press guide, "McLean and the Press"; the Annual Report; invitations for the Arlington School Graduation; the Community Open House; the Psychotherapy Symposium and reprints of the following brochures: "Information For Patients," "Outpatient Clinic," Psychology Internship Program and the Arlington School Supplement.

A completely new brochure, "Information for Patients," finally rolled off the presses in September. Long-awaited and written by a patient two winters ago, it was then reviewed and approved by a

patient committee and senior clinical staff last winter. The copy was then given to the Patient Orientation Committee so they could choose photographs and write captions to illustrate it. Some pictures were in our photo files but others needed to be taken. A professional photographer was needed to photograph more patient areas and activities.

Photographing patients had not been allowed up to this time. After some discussion it was agreed that we could achieve the best photographic results through allowing candid poses. The Public Relations Committee agreed to allow candids to be taken of patients but emphasized that no pictures of patients would be printed. Only unidentifiable parts of figures could be shown, shoulders, hands, backs of heads, etc. The policy of no patients' pictures would be preserved, but the old method of taking pictures (posing staff as patients) would be changed.

In order to make sure all patients and staff understood and agreed with the new procedures, advance meetings describing the changes and procedures were held with the psychiatrists, nurses, department heads, and patients before the photographer was scheduled to come to the hospital. The extensive preparation was well worth the effort. Staff and patients gave the department excellent cooperation. The photographer's presence was accepted as a matter of course, as he was escorted and introduced in each new area. The project was completed smoothly and successfully. To date two brochures and the slide presentation have been photographed in this manner with excellent photographic results and happy patient-staff acceptance.

Personnel Changes

In July, Miss Joan Young, who had been Public Relations Assistant for two years, moved to her home state of California. She had lived through much office growth and change, was the managing editor of the *Newsletter,* co-author of the *Bulletin* and manager of the office routine. We depended on her for a great deal and were sorry to have her leave.

In September, we welcomed Miss Gail Eaton as Miss Young's replacement. Miss Eaton, an English major, was graduated from Simmons. She had just completed her masters degree in English at the University of Wisconsin after two years of teaching experience.

Miss Linda Johnson also joined the office secretarial staff in the summer and was rejoined in the fall part-time by Mrs. Carol Rand, who had been with us the previous winter. With hardly time for anyone to get oriented, we embarked on the Community Open House plans, an orientation nothing could surpass. These devoted ladies and all our patient help kept the office in high gear and helped complete an extremely full year.

BARBARA R. HOPKINS
Public Relations Director

Report of the Social Science Department

DIFFICULTY in obtaining outside support for basic research in Social Sciences continued and was perhaps accentuated during the past year. Attrition of staff members continued. Norman W. Bell, Ph.D., Associate Sociologist and Chief of the Department, accepted a position as Professor of Sociology and Associate Professor of Social Psychiatry at the University of Toronto. As a consequence, Richard Longabaugh, Ed.D., is continuing as Acting Chief during the ensuing year.

Patsy Sampson, Ph.D., Assistant Professor of Psychology at Wellesley College, will join the staff. She will set up a research laboratory in the hospital. Her studies will focus on the relationship of endocrinological factors to social behavior. She will be working with infra-human organisms. Dr. Sampson received her Ph.D. in Social Psychology from Cornell University in 1966. It is anticipated that her presence will facilitate communication between the biological and social science research efforts.

The department continued to fulfill its traditional service functions to the hospital. Rose Coser, Ph.D., Associate Sociologist, and Dr. Longabaugh conducted seminars in Social Science for residents. Numerous research consultations were provided for staff in other departments who were involved in writing research proposals, data collecting, or analyzing data. Helene Stein, B.A., assisted in the compilation of admission and discharge statistics. Robert Holz, Ph.D., completed his analysis of a sample of records drawn from hospital admissions during the preceding twenty years.

A new direction for the department will be explored during the forthcoming fiscal year. The department will conduct studies within the hospital to aid in the assessment of the effects of hospital policies, programs, and practices. The first task will be that of assessing each of the 12 individual hall units. It is anticipated that the results of these studies will facilitate decision-making in overall policy formulation and implementation.

The studies will be under the direction of Dr. Longabaugh. Miss Nancy L. Dummer, M.S., Senior Research Assistant, and Miss Catherine A. Forster, M.A., Research Assistant, will be working on this project.

Summarized below are the results of basic research activities carried out within the past year:

I. Hospital Studies

The Socialization of Residents (These analyses have been carried out by Dr. Coser with the assistance of Dr. Longabaugh)

Evaluations of Psychiatric Residents and Seniors group around three dimensions: decisiveness vs. evasiveness; dominance; and interpersonal sensitivity. Both Residents and Seniors believe that the ideal psychiatrist should be decisive, interpersonally sensitive, and not unusually dominant. Residents and Seniors agree that Seniors are more decisive and interpersonally sensitive than are Residents. However, they are also more dominating.

Hypotheses currently under investigation are:

(1) That with continued training Residents' ideals will become more similar to those of their Seniors,

(2) That Seniors will differ in their ideals and self-description according to their roles as psychiatrist-in-charge of the ward and therapy supervisor, and

(3) That Seniors will differ according to their relationship to the hospital, *i.e.* whether they are a part of the hospital or outside of it.

The psychiatric resident has to play dual roles as a physician to his patients and an advanced student in psychiatry in relation to staff. In psychotherapy, where the resident deals with the patient in an involved dyadic relationship, the resident seems to be less evasive than when on the ward, where he must deal with the patient in the presence of other staff. The evasiveness manifested in his behavior on the ward is concluded to be a consequence of the conflict between his two roles: physician to the patient and student of the doctor of the ward.

Interactional System in Acute Schizophrenia (Stanley H. Eldred, M.D., and Dr. Longabaugh)

Beyond the first 60 days of hospitalization, the best predictor of continuing hospitalization is length of prior hospitalization: the longer the patient has been hospitalized, the more likely he will continue to be hospitalized. Pre-hospitalization variables such as prior social adjustment, insidiousness of onset of the illness, duration of

initially manifest psychosis, and age of first hospitalization are at best, only modest predictors of discharge. As a consequence, it is hypothesized that events occurring during hospitalization (as opposed to spontaneous remission of illness) are the major controllers of patient outcomes. Two dimensions of pathology apparent in the study population are psychotic disorganization and ward social adjustment. While psychotic disorganization uniformly decreases, social adjustment is non-linearly related to continuing hospital stay. Initial adjustment is poor but increases over the first three months of hospitalization both for patients to be discharged and for those who are remaining beyond six months. Following three month's hospitalization, social adjustment for non-discharged patients decreases somewhat and then stabilizes at a level better than initial adjustment, but not as good as that attained during the first three months. These findings must be replicated before they can be considered conclusive.

Current analyses focus on the interrelationships between fluctuation in patient pathology, particularly social adjustment, and interpersonal events occurring on the hall.

II. *Basic Studies in Interpersonal Relations* (Antecedents, Concomitants, and Consequents)

(1) Father-Absence, Mother-Child Interaction and Secondary Identification (Dr. Longabaugh and John W. M. Whiting, Ph.D., Professor of Anthropology, Harvard University). Father-absence, itself unrelated to secondary identification of boys in lower class families, is associated with heightened mother-son interaction, exchange of support, and increased giving to and depriving of son by mother. High rate of interaction and mediational behavior by mother are in turn related to a feminine cognitive style and a childish self-identity in boys. Thus, a mother's behavior towards her son is a variable intervening between current father-absence and a boy's secondary identification.

(2) Dominance as a Function of Personality and Response of Other (Joseph Casagrande, M.A., of Purdue University, and Dr. Longabaugh). The interpersonal dominance of college men observed in interaction with another male college student is found predictable from self reports of their dominance. However, this dominance is markedly affected by the partner's response to such assertions: compliance maintains the dominance, non-compliance reduces

it. Partner's response has equal effects upon dominant and non-dominant actors.

(3) Sequential Constraint in Interaction Sequences (Gerrit Wolf, Ph.D., Assistant Professor, Yale University, and Doctors Longabaugh and Eldred). In order to predict a given category of behavior ocurring in a two-person encounter, knowledge of the content of the three preceding actions yields predictability (52%) significantly superior to predictability gained from the prior two events (31%), which in turn is significantly superior to predictability obtained from knowledge of only the preceding event (21%). This predictability can be interpreted as redundancy in interpersonal behavior.

These analyses of Resident training, interaction systems in acute schizophrena, and interpersonal behavior in dyadic encounters are continuing in the forthcoming year.

It is hoped that the Social Scientist will find a balance of basic research endeavors and application of his skills in the hospital service to be a satisfying and viable role in the hospital.

RICHARD LONGABAUGH, Ed.D.
Acting Chief
Social Science Department

Report of the McLean Hospital Auxiliary

THE seventh year of the McLean Hospital Auxiliary has shared with its predecessors the theme of growth, both in membership and in the broadening of our community contacts for telling the McLean story and in furthering the understanding of mental illness and the mental hospital. A new dimension for our organization has been an ambitious financial goal and a large money-raising project as part of our increasing ability to help the hospital. With such a time- and talent-consuming project, it is quite remarkable that the functions of the committees and the now traditional yearly programs have been carried on as usual. The year has had the mark of success and talent, thanks to everyone involved.

The Membership Committee, under two very able past presidents, Mrs. George H. Simonds and Mrs. John D. Aikenhead, reports an increase of 67 members over the last year. There is a total membership of 446, which includes 28 life members and 9 new courtesy members. The Committee sent 125 invitations to join the Auxiliary and distributed 125 Newsletters. They also sent 20 letters to various women's groups inviting them to the winter Seminar Series, with gratifying results.

The Program Committee, under the leadership of Mrs. Frank H. Westheimer and Mrs. Wade Rockwood, planned a fall meeting at which dessert and coffee were served. A program about McLean Hospital's discharge-planning program, "The Bridge Back into the Community," followed.

The Seminar Series for February and March followed the same pattern as in previous years and, as in the past, was tremendously successful. The theme for the four seminars was the relationship of the community to the mental patient. After the March 1st program, which was specifically planned to encourage new members, prospective members and guests to attend the seminar and to tour the hospital, a luncheon was served in the Outpatient Building by Mrs. John C. Nemiah and Mrs. William L. Burchard. The seminars were well attended and many new members joined us as a result of the programs.

The McLean Volunteers have been very close to us, and we have gained much from this contact. Many Volunteers are Auxilians; and we keep in close contact with the activities of the various groups

through the Volunteer Chairman, Mrs. Winthrop S. Jameson, Jr. The yearly Service Awards Program for the Auxiliary and hospital Volunteers was combined this year with the hospital's Service Award Program. The Gift Shop Volunteers, and the hospital Volunteers, as well as many employees of McLean were honored at the ceremony in the chapel, followed by a tea at Higginson House.

With her usual expertise and talent Mrs. N. Preston Breed has masterminded both Public Relations and the *Newsletter* for the Auxiliary. There has been complete coverage of our activities in all the local papers, including at least eight suburban towns and the Boston papers. Mrs. Breed has also been responsible for the three editions of the *McLean Auxiliary Newsletter* which were published in October, January and April. She has added Mrs. Thomas M. Claflin II as co-chairman of her committee. Mrs. Claflin has been most helpful in editing the *Newsletter* and changing its format in the fall of 1967.

The Gift Shop under Mrs. John A. Donovan and her invaluable co-workers has continued to thrive and prosper. Mrs. Donovan presented the year's proceeds, a check for $2,800.00, to the Auxiliary at the annual meeting. The shop has been staffed five days a week by twenty-three Auxiliary volunteers. The Gift Shop is the service arm of the Auxiliary. The volunteers who staff it make a real contribution to hospital life by providing community contact as well as service to the McLean patients. In May 1967, Mrs. Donovan retired as chairman and was followed by co-chairmen, Mrs. Mark Hyman, Jr. and Mrs. G. Manuel Fenollosa.

The Hospital Liaison Committee again ably co-chaired by Mrs. Mark M. Walter, Jr., and Mrs. Larry Stone welcomed the new residents' wives to McLean Hospital in the summer of 1966. Often the first contact the residents have with their future home is the letter sent by the committee in advance of their coming. A packet of materials with maps, information listing things to do, where to go, facts about housing, shopping and schools was sent to out-of-town residents. The wives of the new residents were entertained at a luncheon given by Mrs. Stone and Mrs. John C. Nemiah, and they were taken on a tour of the hospital. They were again invited to a luncheon before the fall meeting at the home of committee member Mrs. Phelps M. Robinson.

The Hospital Liaison Committee furnished toys and games to the Outpatient Clinic for their waiting rooms, and magazines to the hospital for the many waiting areas. Mrs. Walter served as planning chairman for the Annual Meeting and Luncheon which was held at the Wayside Inn in Sudbury in May.

The Finance Committee, headed by Mrs. John W. Weeks, voted to honor requests from the hospital for a stereophonic record player and musical instruments for the Music Therapy Department. Funds were made available to the Nursing School for student aid ($300.00). The annual Lucile Pitcher Memorial Award for Excellence in Psychiatric Nursing was again presented to a member of the senior class at the graduation exercises of the McLean Hospital School of Nursing.

The board approved the recommendation of initiating a swimming pool fund for the hospital and of diverting all funds raised by Auxiliary benefits and by the Gift Shop to this fund. There is now $15,541.57 in the pool account.

A gift of strawberries was given by the Auxiliary to the patients for their outdoor dance on July 4th. Both strawberry shortcake and sundaes were enjoyed by more than 75 patients.

The Benefit Committee, formed and organized by Second Vice-President, Mrs. James C. Hopkins, Jr., was active most of the year assessing and investigating various benefit possibilities for a large fund-raising project. In January the co-chairmen of the benefit, Mrs. Charles A. Coolidge, Jr., and Mrs. George L. Nardi, with the assistance of Mrs. John Cancian, decided upon Opening Night at the Circus at the Boston Garden on June 2nd. A planning committee which met each week to formulate plans did a superlative job. They formed a benefit committee of 129 members. There were many new faces who came to help, many new members have joined us, and extremely good public relations for the hospital has resulted from this committee and its contact with the Greater Boston area.

Two bylaw changes were voted upon and passed at the Annual Meeting. The first omits the Sponsorship category in Membership categories and allows the Life Membership to be paid in four or less installments. The second change adds four directors, two of whom are to be elected each year for a term of two years.

The McLean Hospital Auxiliary has been represented by the President and her delegates at the Greater Boston Regional Group of Hos-

pital Auxiliaries of MHA, the New England Hospital Assemblies, and at the MGH Coordinating Committee meetings.

The board members of the Auxiliary and their committees have done a wonderfully efficient and diligent job this year, and, besides the aforementioned committee chairmen, the President would like to express her sincere thanks to her fellow officers: Mrs. John C. Nemiah, First Vice-President; Mrs. James C. Hopkins, Jr., Second Vice-President; Mrs. Mark Hyman, Jr., Recording Secretary; Mrs. A. Bruce Downes, Corresponding Secretary; and Mrs. Vincent L. Henessy, Treasurer; and to our newly elected officers of 1967: Mrs. Lawrence F. Cusolito, First Vice-President, and Mrs. Charles B. Bradshaw, Recording Secretary. The new directors are Mrs. Charles A. Coolidge, Mrs. Charles A. Coolidge, Jr., Mrs. George H. Simonds, and Mrs. Lucian W. Pye.

Our special thanks are extended to Miss Willa Pasho, Assistant Administrator, who has collaborated with us in our endeavors and has been most helpful. And to Dr. Francis de Marneffe we express our sincere gratitude for his interest and support in all facets of Auxiliary activity.

Respectfully submitted,
MARJORIE HAYCOX
(Mrs. James A.)
President

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*). McLean Hospital is indicated by (McL).

The abbreviation M.G.H. is used when the address is the Massachusetts General Hospital.

*Aaronson, Leroy D.
Assistant in Dermatology
560 Tollgate Rd., Warwick, R. I. 28826

*Abbott, John A., *Psychiatry* '35
Board of Consultation; Consultant in Electroencephalography (McL)
Zero Emerson Pl., Boston, Mass. 02114

Abbott, William M., *Surgery* '65
National Naval Medical Center, Bethesda, Md. 20014

*Abel, Ronald M., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Abi-Torbey, Khalill, *Urology* '62
Immeuble Tabet, rue Abdel Wahab el Inglizi, Beirut, Lebanon

Abrahamian, H. Arto, *Anesthesia* '56
Grace-New Haven Community Hospital, New Haven, Conn. 06504

Abramowicz, Mark, *Children's* '62
Bronx Municipal Hospital, Bronx, N. Y. 10461

Acheson, George H., *Medicine* '39
University of Cincinnati College of Medicine, Cincinnati, Ohio 45291

*Ackerman, Irving P., *Medicine* '55
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

Ackroyd, Frederick W., *Surgery* '63
23 Coolidge Hill Rd.
Cambridge, Mass. 02108

*Adams, F. Dennette, *Medicine* '18
Honorary Physician
226 Marlborough St., Boston, Mass. 02116

Adams, Herbert D., *Surgery* '34
605 Commonwealth Ave., Boston, Mass. 02215

*Adams, John, Jr.
Board of Consultation, Dermatology
704 Huntington Ave., Boston, Mass. 02115

Adams, John E., *Pathology* '62
1311 Doves Cove Rd., Towson, Md. 21204

Adams, Raymond A., *Neurology* '51
1100 W. Franklin St., Richmond, Va. 23225

*Adams, Raymond D., *Neurology* '39
Chief of Neurological Service; Neuropathologist M.G.H.

Adamson, Gilbert L., *Neurology* '30
Winnipeg Clinic, Winnipeg, Manitoba, Canada

*Adelson, William J.
Clinical Associate in Pediatrics
Sudbury Medical Center, 616 Boston Post Rd., South Sudbury, Mass. 01776

*Adler, Morris H.
Attending Psychiatrist (McL)
130 Washington St.,
Newton, Mass. 02158

Adler, Scott, *Orthopedic* '59
4105 Silver St., S. E.,
Albuquerque, N. M. 87108

*Aeschliman, Barbara L.
Assistant Attending Psychiatrist (McL)
94 Hammond St.,
Cambridge, Mass. 02138

*Agranat, Barry J., *Dental Medicine* '65
Dental Surgeon
29 Commonwealth Ave.,
Boston, Mass. 02116

Ahnlund, Nels W., *Orthopedic* '43
241 E. Santa Clara St.,
San Jose, Calif. 95113

*Aisenberg, Alan C.
Assistant Physician M.G.H.

*Albert, Joseph, *Dermatology* '60
Clinical Associate, Dermatology
657 Franklin St.,
Framingham, Mass. 01701

Albright, Edwin C., *Medicine* '42
University of Wisconsin Hospital,
Madison, Wis. 53706

*Albright, Fuller, *Medicine* '26
Board of Consultation, Medicine
271 Goddard Ave.,
Brookline, Mass. 02146

Albuquerque, Paulo F., *Urology* '44
870 Avenida rue Bartosa,
Rio de Janeiro, Brazil

*Alexander, William
Resident Psychiatrist (McL)
McLean Hosp., Belmont, Mass. 02178

Alexander, William H., *Surgery* '23
Commercial National Bank Bldg.,
Iron Mountain, Mich. 49801

*Allen, David W., *Medicine* '56
Assistant in Medicine M.G.H.

Allen, Henry F., *Surgery* '43
200 Beacon St., Boston, Mass. 02116

Allison, Charles R., *Medicine* '40
15 Prince St., Rochester, N. Y. 14607

Alper, Joseph M., *Medicine* '35
1185 Park Ave., New York, N. Y. 10028

*Alpers, David H., *Medicine* '62
Assistant in Medicine M.G.H.

Alston, Edwin F., *Pathology* '45
2345 California St.,
San Francisco, Calif. 94115

Alt, Richard E., *Surgery* '33
343 Dodge St., Beverly, Mass. 01915

*Altschule, Mark D.
Director of Internal Medicine and of Research in Clinical Physiology; Consulting Staff (McL)
McLean Hospital, Belmont, Mass. 02178

Amati, Jacqueline M., *Psychiatry* (McL) '64
Laboratorio Internazionale di Genetica e Biofisica, Via Claudio 1,
Naples, Italy

*Ames, Adelbert, III
Associate Biochemist, Neurosurgery M.G.H.

Amick, Arthur F., *Medicine* '58
508 10th St.,
Worthington, Minn. 56187

Andersen, Erik W., *Anesthesia* '48
Gentofte Hospital,
Hellerup, Denmark

*Anderson, Elroy E., *Children's* '60
Clinical Associate in Pediatrics
84 Ocean Ave., Bass River, Mass. 02664

Anderson, Erna G., *Children's* '43
Medical Dept., Eastman Kodak Co., 1669 Lake Ave., Rochester, N. Y. 14615

Anderson, H. Clarke, *Pathology* '59
Downstate Medical Center, Brooklyn, N. Y. 11203

Anderson, Randolph L., *Orthopedic* '27
1207 Upper Ridgeway Rd., Charleston, W. Va. 25314

Andrew, Norman W., *Anesthesia* '56
362 Marlborough St., Boston, Mass. 02115

Andros, George, *Surgery* '67
Western Infirmary, Glascow, Scotland

*Angley, John C.
Assistant Physician
4 School St., Bryantville, Mass. 02327

*Anliker, James E.
Consulting Psychologist, Anesthesia
N.A.S.A., Kendall Sq., Cambridge, Mass. 02142

*Annino, Donald J.
Clinical Associate in Pediatrics
175 Washington St., Winchester, Mass. 01890

Anthonisen, Margaret R., *Psychiatry* (McL) '34
Mary Hitchcock Memorial Hospital, Hanover, N. H. 03755

Anthonisen, Niels L., *Psychiatry* (McL) '32
Veterans Administration Hospital, White River Junction, Vt. 05001

*Appel, Eugene L.
Assistant Resident, Surgery
M.G.H.

Appel, Stanley H., *Medicine* '61
534 Manor St., Wynnewood, Pa. 19096

Aranas, Arturo L., *Psychiatry* (McL) '61
Queen Mary Veterans Hospital Montreal, Canada

*Arnason, Barry G. W., *Neurology* '59
Assistant Neurologist M.G.H.

*Arndt, Kenneth A., *Dermatology* '64
Clinical Associate, Dermatology
Beth Israel Hospital, Boston, Mass. 02215

Arnstein, A. Robert, *Medicine* '57
Henry Ford Hospital, Detroit, Mich. 48202

*Aronow, Saul
Associate Applied Physicist, Medicine M.G.H.

Arrowood, Julia G., *Anesthesia* '36
Harlan Appalachian Regional Hospital, Harlan, Ky. 40831

Arthur, Ransom J., *Children's* '52
U. S. Naval Hospital, San Diego, Calif. 92152

Arzimanoglu, Anthony A., *Orthopedic* '52
1 Neofytoy Vamva, Athens, Greece

*Asbury, Arthur K., *Medicine* '60, *Pathology* '62, *Neurology* '63
Assistant Neurologist M.G.H.

Ash, Homer L., *Dental Medicine* '62
29 Lincoln St., Framingham, Mass. 01701

Asher, David M., *Children's* '66
National Institutes of Health, Bethesda, Md. 20014

*Asher, Marc A.
Assistant Resident in Orthopedic Surgery M.G.H.

Ashworth, Michael A., *Orthopedic* '66
Children's Hospital Medical Center, Boston, Mass. 02115

Aster, Richard H., *Medicine* '59
Boston City Hospital, Boston, Mass. 02118

*Aström, Karl E.
Associate Neuropathologist, Neurology and Pathology M.G.H.

Atherton, L. Douglas, *Urology* '52
Medical Towers Bldg., Louisville, Ky. 40202

*Atherton, Stephen O., *Children's* '67
Assistant Resident, Children's M.G.H.

*Atkins, Leonard, *Pathology* '55
Associate Pathologist M.G.H.

Atkinson, Arthur J., Jr., *Medicine* '65
National Institutes of Health, Bethesda, Md. 20014

Atsatt, Rodney F., *Orthopedic* '26
4572 Thacher Rd., Ojai, Calif. 93023

*Aub, Joseph C., *Medicine* '17
Honorary Physician
233 Prospect St., Belmont, Mass. 02178

*Aufranc, Otto E., *Orthopedic* '39
Visiting Orthopedic Surgeon
266 Beacon St., Boston, Mass. 02116

Ault, Lynn L., *Orthopedic* '65
Hospital for Special Surgery, 535 East 70th St., New York, N. Y. 10021

*Austen, K. Frank, *Medicine* '61
Board of Consultation, Medicine
Robert Breck Brigham Hospital, Boston, Mass. 02120

*Austen, Wm. Gerald, *Surgery* '60
Visiting Surgeon M.G.H.

*Austin, Richard C., *Surgery* '56
Clinical Associate, Surgery
Concord Medical Center, Concord, Mass. 01742

*Autor, Sanford M.
Assistant in Psychology, Psychiatry M.G.H.

*Autor, Sherry B.
Assistant Psychologist, Psychiatry M.G.H.

Averill, James H., *Medicine* '47
264 Elm St., Northampton, Mass. 01060

Ayers, William B., *Surgery* '43
1554 Northern Blvd.
Manhasset, Long Island, N. Y.

Ayres, Samuel, Jr., *Medicine* '20
2007 Wilshire Blvd., Los Angeles, Calif. 90057

*Babb, Joseph D., *Medicine* '67
Assistant Resident, Medicine M.G.H.

*Babineau, Jean P.
Assistant Resident, Anesthesia M.G.H.

Backman, John H., *Psychiatry* (McL) '64
5307-D Boyce, Fort Worth, Texas, 76107

Bacon, William B., *Pathology* '51
South Hamilton, Mass. 01982

Badal, Daniel W., *Psychiatry* '42
11328 Euclid Ave., Cleveland, Ohio 44106

Baddock, Sheldon S., *Pathology* '66
5th U. S. Army Medical Lab., 12th & Spruce St., St. Louis, Mo. 63112

*Baden, Howard P., *Dermatology* '60
Assistant Dermatologist M.G.H.

*Badger, Theodore L., *Medicine* '28
Board of Consultation, Medicine
264 Beacon St., Boston, Mass.
02116

Bagg, Edward P., Jr., *Medicine* '13
207 Elm St., Holyoke, Mass.
01041

Bailey, David W., *Children's* '60
U.S. Naval Hospital, Philadelphia,
Pa. 19145

Bailey, Nelson E., *Dental Medicine*
'64
324 Orange St., Selinsgrove, Pa.
17870

*Bain, Jane
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

Bakay, Louis, *Neurosurgery* '51
Edward J. Meyer Memorial
Hospital, Buffalo, N. Y. 14215

Baker, Charles R. F., Jr., *Surgery*
'65
1 Mason Court,
Charleston, S. C. 29403

Baker, Dudley M., *Orthopedic* '62
Convent Ave.,
Bennington, Vt. 05201

*Baker, Edward P. Jr., *Neurosurgery*
'64
Clinical Associate, Neurosurgery
Boston City Hospital,
Boston, Mass. 02118

*Baker, George P., Jr., *Medicine* '61
Assistant Physician M.G.H.

*Baker, H. Powell
Clinical Associate in Pediatrics
8 Porter St.,
Melrose, Mass. 02176

*Baker, Myles P., *Medicine* '30
Physician
262 Beacon St., Boston, Mass.
02116

Baker, Russell L., *Neurology* '43
1020 S.W. Taylor St.,
Portland, Ore. 97205

Baker, William G., Jr., *Medicine*
'64
New York Hospital,
525 East 68th St., New York,
N. Y. 10021

*Baker, William H.
Associate Physician M.G.H.

Baker, William J., *Surgery* '43
724 Main St., Laconia, N. H.
03246

*Balboni, Victor G., *Medicine* '42
Assistant Physician M.G.H.

*Balch, Franklin G., Jr., *Surgery* '25
Honorary Surgeon
24 Coolidge Ave.,
Cambridge, Mass. 02138

Baldwin, Wayne E., *Anesthesia* '67
M.G.H.

Balfour, Donald C., Jr., *Medicine*
'43
127 N. Madison St.,
Pasadena, Calif. 91101

Balius, Edward F., *Anesthesia* '63
2209 Webster St., San Francisco,
Calif. 94115

*Ballantine, H. Thomas, Jr., *Surgery*
'41, *Neurosurgery* '41
Visiting Neurosurgeon M.G.H.

Ballard, Fred B., Jr., *Medicine* '58
406 Medical Arts Bldg.,
Chattanooga, Tenn. 37402

Bally, Peter R., *Medicine* '56
Medizinische Universitätsklinik,
Kantonsspital, Zürich, Switzerland

*Balogh, Karoly
Assistant Pathologist M.G.H.

Bandeian, Alice M., *Anesthesia* '44
210 Pine St., Holyoke, Mass.
01041

Bandler, Bernard, *Psychiatry* '41
750 Harrison Ave., Boston, Mass. 02118

Banker, Betty Q., *Neuropathology* '54
Cleveland Metropolitan General Hospital, Cleveland, Ohio 44109

Banks, Henry H., *Orthopedic* '52
Peter Bent Brigham Hospital, Boston, Mass. 02115

Banks, Rafe, Jr., *Surgery* '43
290 Enota Dr., N.E., Gainesville, Ga. 30501

Barekat, Ali A., *Surgery* '67
Saadi Hospital, Shiraz, Iran

*Baringer, J. Richard, *Medicine* '61, *Neurology* '66, *Pathology* '65
Assistant in Neurology M.G.H.

*Barker, Robert H., *Surgery* '37
Clinical Associate in Obstetrics, Gynecology
1101 Beacon St., Brookline, Mass. 02146

Barlow, John F., *Pathology* '63
320 East 21st St., Sioux Falls, S. D. 57105

*Barlow, John S.
Neurophysiologist, Neurology M.G.H.

Barlow, Joseph J., *Medicine* '55
Boston Lying-in Hospital, Boston, Mass. 02115

*Barnes, Ann R., *Surgery* '64
Assistant in Surgery M.G.H.

*Barnes, Benjamin A., *Surgery* '52
Assistant Surgeon M.G.H.

Barnett, Charles G., *Medicine* '54
384 Post St., San Francisco, Calif. 94108

*Barnett, G. Octo
Assistant Physician
Assistant in Medicine M.G.H.

Barnett, Thomas B., *Medicine* '50
University of North Carolina School of Medicine, Chapel Hill, N. C. 27515

*Barnum, Francis G., Jr., *Surgery* '46
Assistant in Medicine
1776 Beacon St., Brookline, Mass. 02146

Barondes, Samuel H., *Psychiatry* (McL) '65
Albert Einstein College of Medicine, Bronx, N. Y. 10461

*Barr, Joseph S., Jr., *Orthopedic* '66
Assistant Resident, Orthopedic Surgery M.G.H.

Barrett, Peter Van D., *Medicine* '66
Wadsworth Veterans Administration Hospital, Los Angeles, Calif. 90073

Barretto, Oscar de F., *Anesthesia* '44
rua Armando Penteado 356 (Pacaembú), Sao Paulo, Brazil

Barrie, Joseph R., *Surgery* '65
Chelsea Naval Hospital, Chelsea, Mass. 02150

Barrow, David W., *Surgery* '37
331 W. Silver Spring Dr., Milwaukee, Wis. 53217

Barrows, Lawrence J., *Neurology* '52, *Neuropathology* '53
Bridgewater State Hospital, Bridgewater, Mass. 02324

*Barry, Herbert J., Jr., *Psychiatry* '44
Associate Psychiatrist M.G.H.

Barry, Richard M., *Medicine* '57
464 Ocean Ave., New London, Conn.

Barsch, John H., *Anesthesia* '66
250 E. Superior St., Chicago, Ill. 60611

*Barsh, Laurence I., *Dental Medicine* '62
Assistant Dental Surgeon
2001 Beacon St., Brookline, Mass. 02146

Barss, Theodore P., *Anesthesia* '50
332 Windsor Ave., Medford, Ore. 97501

Barth, Tucker A., *Orthopedic* '57
2420 N. California St., Stockton, Calif. 95204

*Bartlett, Marshall K., *Surgery* '31
Visiting Surgeon M.G.H.

Bartlett, Walter M., *Children's* '27
125 Michigan Ave., Decatur, Ga.

Barton, Lyman G., Jr., *Surgery* '14
132 Court St., Plattsburg, N. Y. 12901

*Barton, Robert W.
Intern in Medicine M.G.H.

Barton, Theodore C., *Surgery* '64
Boston Lying-in Hospital, Boston, Mass. 02115

Bate, John T., *Urology* '25
301 W. Ormsby Ave., Louisville, Ky. 40203

Batt, Richard C., *Radiology* '40
83 Park St., Glens Falls, N. Y.

Battat, Felix A., *Orthopedic* '61
2625 Park Ave., Concord, Calif. 94520

*Battit, George E., *Anesthesia* '61
Associate Anesthetist M.G.H.

Baue, Arthur E., *Surgery* '61
University of Pennsylvania Medical Center, Philadelphia, Pa. 19104

Bauer, Frank L., *Pathology* '41
Box 164, Hookstown, Pa. 15050

Baumgartner, Donavin A., Jr., *Surgery* '61
3627 Runnymede Blvd., Cleveland Heights, Ohio 44121

Bautista, Florosa A., *Children's* '58
Veterans Memorial Hospital, Quezon City, P. I.

Baxter, Cecil F., *Surgery* '46
608 Venice Medical Center, Venice, Fla. 33595

Beaman, George B., *Psychiatry* (McL) '36
Page Rd., New London, N. H. 03257

*Beck, Laurence H., *Medicine* '67
Assistant Resident in Medicine M.G.H.

*Beck, William S.
Associate Physician; Director of Clinical Laboratories M.G.H.

*Becker, Lewis C., *Medicine* '67
Assistant Resident in Medicine M.G.H.

Bedell, Richard F., *Children's* '58
1255 East Ridge Ave., Boulder, Colo. 80302

Bedell, Wallace C., *Surgery* '45
168 S. Cherry St., Poughkeepsie, N. Y. 12601

*Beecher, Henry K., *Surgery* '36
Chief of Anesthesia Service M.G.H.

Beeman, Carl B., *Pathology* '34
515 Lakeside Dr., Grand Rapids, Mich. 49506

*Behrendt, Douglas M., *Surgery* '65
Assistant Resident, Surgery M.G.H.

*Behringer, Glenn E., *Surgery* '52
Assistant Surgeon
266 Beacon St., Boston, Mass. 02116

*Beier, Helen
Consultant in Psychology, Department of Psychiatry M.G.H.

*Beisaw, Norman E.
Assistant Resident, Orthopedic Surgery M.G.H.

Bell, Carol A., *Pathology* '65
Cedars-Sinai Medical Center,
4833 Fountain Ave.,
Los Angeles, Calif. 90092

*Bell, Eugene
Consultant in Biophysics,
Neurosurgery
Massachusetts Institute of
Technology, Cambridge, Mass.
02139

Bell, George O., *Medicine* '36
31 Priscilla Rd.,
Wellesley Hills, Mass. 02181

Bell, James P., *Orthopedic* '59
605 N. W. 10th St.,
Oklahoma City, Okla. 73103

Bell, John F., *Orthopedic* '41
115 Colchester Ave.,
Burlington, Vt. 05402

Bell, John W., *Surgery* '46
Veterans Administration Hospital,
Seattle, Wash.

Bell, Michael H., *Orthopedic* '63
Children's Hospital Medical
Center, Boston, Mass. 02115

*Bell, Norman W.
Associate Sociologist and Chief of
Dept., of Social Science (McL)
McLean Hospital, Belmont, Mass.
02178

*Bellinger, Martin J.
Clinical Associate, Surgery
114 Waltham St.,
Lexington, Mass. 02173

Belsasso, Guido, *Psychiatry* '62,
Psychiatry (McL) '63
Montes Escandinavos No. 205
Mexico City, Mexico 10, D. F.

*Benda, Clemens E.
Assistant Psychiatrist
111 Pleasant St., Arlington, Mass.
02174

Bendheim, Otto L., *Medicine* '38
5051 N. 34th St., Phoenix, Ariz.
85018

*Bendixen, Henrik H.
Anesthetist M.G.H.

*Benedict, Edward B., *Surgery* '26
Honorary Surgeon M.G.H.

*Benedict, Karl T., Jr.
Assistant Resident, Radiology
M.G.H.

*Benedict, Patricia H.
Assistant in Medicine M.G.H.

Bengle, Armand L., Jr., *Surgery* '47,
Anesthesia '51
2209 Webster St.,
San Francsico, Calif. 94115

Bennett, Charles B., *Orthopedic* '23
1122 University Ave.,
Berkeley, Calif. 94702

*Bennett, Doris R., *Children's* '52
Clinical Associate in Pediatrics
452 Pleasant St., Malden, Mass.
02148

Bennett, Lillian F., *Children's* '46
2299 19th Ave.,
San Francisco, Calif. 94116

Bennett, Warren, *Medicine* '49
452 Pleasant St., Malden, Mass.
02148

*Berenberg, William
Consultant, Children's Service
Children's Hospital Medical
Center, Boston, Mass. 02115

*Berezin, Martin A.
Attending Psychiatrist (McL)
90 Forest Ave.,
West Newton, Mass. 02165

Berg, Howard W., *Dermatology* '36
52 Euclid Ave., Delmar,
N. Y. 12154

Berg, Robert L., *Medicine* '50
University of Rochester School of
Medicine and Dentistry
Rochester, N. Y. 14620

*Berke, Raymond A.
Assistant Resident, Radiology
M.G.H.

Berkheimer, George A., *Orthopedic* '41
325 N. Front St., Harrisburg, Pa. 17101

Berlow, Stanley, *Children's* '54
Michael Reese Hospital, Chicago, Ill.

*Berman, Jane M.
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Bernstein, Norman R., *Psychiatry* '54
Assistant Psychiatrist M.G.H.

*Bernstein, Stephen B.
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Bertland, Alexander U.
Assistant in Biochemistry (Biochemical Research) M.G.H.

*Beuscher, Ruth B., *Psychiatry* (McL) '55
Assistant Attending Psychiatrist (McL)
15 Agawam Rd., Waban, Mass. 02168

Beuscher, William F., *Psychiatry* (McL) '55
1419 Beacon St., Brookline, Mass. 02146

Bickley, Donald W., *Medicine* '36
2001 Kimball Ave., Waterloo, Iowa 50702

*Biddinger, John E.
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Bidwell, Robinson LeR., II, *Surgery* '43, *Neurosurgery* '49
31 Bramhall St., Portland, Maine 04102

Bienvenu, Lester J., *Dermatology* '51
1426 Elm St., Manchester, N. H. 03101

Bierbaum, Benjamin E., *Orthopedic* '66
M.G.H.

Bigelow, Frederick S., *Medicine* '47
Boston City Hospital, Boston, Mass. 02118

*Bilheimer, David W.
Intern in Medicine M.G.H.

Billig, Harvey E., Jr., *Orthopedic* '35
Billig Clinic, 139 S. Alvarado St., Los Angeles, Calif. 90057

Binder, Sheldon C., *Surgery* '67
Memorial Hospital for Cancer and Allied Diseases
430 East 68th St., New York, N. Y. 10021

*Binger, Carl A. L., *Medicine* '15
Honorary Physician M.G.H.

Binion, John T., *Medicine* '54
610 N. Washington St., Dallas, Texas 75246

*Bird, Kenneth T., *Medicine* '44
Associate Physician M.G.H.

*Birger, Daniel
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Bisgard, James D., *Surgery* '24
4239 Farnham St., Omaha, Nebr. 68131

Bishop, J. Michael, *Medicine* '64
1101 Lincoln Ave., Ann Arbor, Mich. 48104

Bishop, Ronald C., *Medicine* '49
Simpson Memorial Institute, Ann Arbor, Mich. 48104

Bixby, H. Irving, *Surgery* '24
Sippewissett Rd., Falmouth, Mass. 02541

*Black, Paul H., *Medicine* '61
Assistant in Medicine M.G.H.

Blade, William R., *Radiology* '58
1510 Seabright Ave.,
Santa Cruz, Calif. 95062

Blades, James F., *Neurosurgery* '37
810 W. Franklin St.,
Richmond, Va. 23220

*Bland, Edward F., *Medicine* '29
Board of Consultation, Medicine
Zero Emerson Pl., Boston, Mass.

*Blane, Howard T.
Associate Psychologist, Psychiatry
M.G.H.

*Blank, Irvin H.
Associate Biochemist, Dermatology M.G.H.

Blass, John P., *Medicine* '67
National Heart Institute
Bethesda, Md. 20014

*Blau, David
Associate Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Blennerhassett, John B., *Pathology* '64
McGill University Faculty of Medicine, Montreal, Canada

Bliss, Harry A., *Medicine* '47
480 S. Wood St.,
Chicago, Ill. 60612

*Bloch, Kurt J., *Medicine* '61
Assistant Physician M.G.H.

Block, Gordon L., *Urology* '50
Doctor's Bldg., Cincinnati, Ohio 45202

Block, Peter C., *Medicine* '66
Naval Radiation Defense Laboratories, Hunters Point,
San Francisco, Calif. 94124

Blodgett, Frederic M., *Children's* '50
Yale University School of Medicine, New Haven, Conn. 06510

Blodgett, William H., *Orthopedic* '40
603 Kales Bldg., Detroit, Mich. 48221

*Bloom, Edward R.
Assistant Podiatrist, Orthopedic
41 Winter St., Boston, Mass. 06115

Bloomberg, Wilfred, *Neurology* '31
State Office Bldg., Hartford, Conn. 06115

Bloomfield, Daniel K., *Medicine* '57
St. Vincent Charity Hospital,
Cleveland, Ohio 44115

Blubaugh, Sidney A., *Anesthesia* '65
2111 South Topeka St.,
Wichita, Kan. 67214

Blunden-Morris, Dulcie E., *Anesthesia* '53
306 Patterson Ct.,
Tacoma Park, Md.

*Bock, Arlie V., *Medicine* '24
Honorary Physician
75 Mount Auburn St.,
Cambridge, Mass. 02138

Boger, William P., *Medicine* '42
Dome Laboratories, Inc.,
125 West End Ave.,
New York, N. Y. 19034

Bogoch, Samuel, *Psychiatry* (McL) '53
122 Carlton St.,
Brookline, Mass. 02146

Bohrer, Stanley P., *Surgery* '59
Radiology '63
University College Hospital,
Ibadan, Nigeria

Boivin, Maurice J., *Anesthesia* '61
2068 Northampton St.,
Holyoke, Mass. 01041

*Boland, Arthur L., *Orthopedic* '67
Resident in Orthopedic Surgery
M.G.H.

Boller, Charles, *Medicine* '29
267 Alexander St.,
Rochester, N. Y. 14607

*Bonier, Richard J.
Associate Psychologist (McL)
McLean Hospital, Belmont, Mass. 02178

*Bonner, Frances J.
Assistant Psychiatrist
160 Lake Ave.,
Newton Centre, Mass. 02158

Bonomo, Gregory R., *Children's* '67
Cannon Air Force Base, Clovis City, New Mexico

Boone, John A., *Children's* '34
Medical College Hospital,
55 Doughty St., Charleston, S. C. 29403

Bora, F. William, Jr., *Orthopedic* '61
4800 Township Line,
Drexel Hill, Pa. 19003

Borden, Russell P., *Surgery* '14
Langley Prairie, British Columbia, Canada

Bornstein, Allan M., *Pathology* '60
3314 Cawein Way,
Louisville, Ky. 40220

Bornstein, Donald L., *Medicine* '62
University of Pennsylvania Hospital, Philadelphia, Pa. 19104

*Bornstein, Irving D., *Dermatology* '61
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Bosco, Harold F., *Dentistry* '46
300 Main St., New Britain, Conn. 06051

Bostic, William C., III, *Orthopedic* '64
320 Forsyth Medical Park,
1900 South Hawthorne Rd.,
Winston-Salem, N. C. 27104

Bowden, Lemuel, *Surgery* '42
177 E. 79th St., New York, N. Y. 10021

Bowen, Charles R., *Dental Medicine* '67
M.G.H.

Bower, Bruce F., *Medicine* '65
85 Jefferson St.,
Hartford, Conn. 06103

Bower, Willis H., *Psychiatry* (McL) '49
1500 Fifth St.,
Sacramento, Calif. 95814

*Boyd, Robert J., *Orthopedic* '66
Assistant in Orthopedic Surgery
M.G.H.

Boyden, Allen M., *Surgery* '34
1216 S. W. Yamhill St.,
Portland, Ore. 97205

Boyes, Joseph H., *Pathology* '30
2300 S. Hope St.,
Los Angeles, Calif. 90007

*Bragg, Robert L.
Associate Psychiatrist
11 Chapel Pl.,
Wellesley Hills, Mass. 02181

*Brailey, Allen G., *Medicine* '30
Honorary Physician
1308 Walnut St.,
Newton Highlands, Mass. 02161

Brandstrup, Niels E., *Children's* '59
8 Juliane Mariesvej,
Copenhagen, Denmark

Brannon, Leland C., *Neurosurgery* '55
3300 6th Ave., San Diego, Calif. 92103

Braudo, Joseph L., *Children's* '53
Michael Reese Hospital and Medical Center, 29th Street and Ellis Ave., Chicago, Ill. 60616

*Brazelton, T. Berry, *Children's* '47
Associate Pediatrician
51 Brattle St.,
Cambridge, Mass. 02138

Breer, Robert D., *Children's* '57
17 Haynes St., Manchester, Conn. 06040

Brendler, Samuel J., *Neurosurgery* '53
New England Medical Center Hospitals, Boston, Mass. 02111

*Brendze, Robert B.
Assistant in Orthopedic Surgery
Zero Emerson Pl., Boston, Mass. 02114

Brenizer, Addison G., Jr., *Surgery* '44
1012 Kings Dr., Charlotte, N. C. 28207

Brenner, Joseph H., *Psychiatry* (McL) '61
41 Tennyson Rd.,
Wellesley Hills, Mass. 02181

Brent, Robert L., *Children's* '55
Jefferson Medical College of Philadelphia, Philadelphia, Pa. 19107

Breslow, Alexander, *Pathology* '59
George Washington University Hospital, Washington, D. C. 20037

Brewer, H. Bryan, Jr., *Medicine* '67
National Heart Institute,
Bethesda, Md. 20014

*Brewster, David C.
Intern in Surgery M.G.H.

Brewster, Henry H., *Medicine* '40
Stockton State Hospital,
Stockton, Calif. 95202

Brewster, William R., Jr., *Anesthesia* '50
550 1st Ave., New York, N. Y. 10016

Bridge, Edward M., *Children's* '27
222 W. Morland St.,
Falls Church, Va. 22043

*Briefer, Caesar, Jr., *Medicine* '63
Asistant Physician M.G.H.

*Briggs, Burton A.
Assistant Resident, Anesthesia
M.G.H.

Brindley, Clyde O., *Medicine* '50
Veterans Administration Center, Mountain Home, Johnson City, Tenn. 37684

Brock, Benjamin L., *Children's* '23
Southeast Florida Tuberculosis Hospital, Lantana, Fla. 33462

Brockhurst, Robert J., *Medicine* '48
99 W. Cedar St., Boston, Mass. 02114

*Broderick, Thomas F., Jr., *Orthopedic* '47
Clinical Associate, Orthopedic
697 Cambrdge St.,
Brighton, Mass. 02135

Brodkey, Jerald S., *Neurosurgery* '66
Presbyterian-St. Luke's Hospital, Chicago, Ill. 60612

Brooks, Leslie, *Psychiatry* (McL) '66
54 Gay St.,
Newton, Mass. 02160

Brooks, Peter T., *Surgery* '49
Walla Walla Clinic,
Walla Walla, Wash., 99362

Broome, Robert A., Jr., *Medicine* '44
3 W. Columbia St., Orlando, Fla. 32806

*Brown, Arthur E.
Clinical Associate, Medicine
501 Boylston St.,
Boston, Mass. 02216

*Brown, Charles E., *Neurosurgery* '67
Assistant Resident in Neurosurgery
M.G.H.

Brown, Crawford S., *Dermatology* '52
8218 Wisconsin Ave.,
Bethesda, Md. 20014

Brown, F. Bert, *Orthopedic* '37
17E 52nd St., Savannah,
Ga. 31405

Brown, Joan M., *Anesthesia* '64
40 Walfield Ave.,
London, N.20, England

Brown, Lloyd, *Neurosurgery* '38
316 State St., Bangor, Maine
04401

*Brown, Michael S., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

Brown, Norman K., *Medicine* '58
3163 West Laurelhurst Drive,
Seattle, Wash. 98105

Brown, R. Gordon, *Pathology* '42
122 S. Michigan Ave.,
Chicago, Ill. 60603

Brown, Robert H., *Surgery* '45
3609 Thornapple St.,
Chevy Chase, Md. 20015

Brown, Robert K., *Surgery* '42
1727 Gilpin St., Denver, Colo.
80218

*Brown, Thornton, *Orthopedic* '49
Visiting Orthopedic Surgeon
M.G.H.

*Brownell, Gordon L.
Applied Physicist, Medicine
M.G.H.

Brownsberger, Carl N., *Medicine* '57
University of Washington School
of Medicine, Seattle, Wash.
98105

Brubaker, Richard F., *Surgery* '64
243 Charles St., Boston, Mass.
02114

*Bruner, John M. R.
Assistant in Anesthesia M.G.H.

Brues, Austin M., *Medicine* '32
Argonne National Laboratory,
Lemont, Ill. 60439

Brunjes, Carl F., *Orthopedic* '65
8359 Pine St., Fairchild A.F.B.,
Wash. 99011

Buchanan, Douglas, *Psychiatry*
(McL) '64
Lawrence Guidance Center,
Lawrence, Mass. 01840

Buchanan, Robert N., Jr.,
Dermatology '41
1905 Hayes St., Nashville, Tenn.
37203

*Buchanan, Thomas M.
Intern in Medicine M.G.H.

Buchanan, William R., Jr.,
Children's '57
9 Greenway Lane,
Greenfield, Mass. 01301

*Bucher, Nancy L. R.
Associate Biologist, Medicine
M.G.H.

*Buckley, Mortimer J., Jr., *Surgery*
'66
Assistant in Surgery M.G.H.

Budson, Richard D., *Psychiatry*
(McL) '64
Beth Israel Hospital,
Boston, Mass. 02215

Bullard, Carleton W., *Surgery* '18
194 High St., Newburyport, Mass.
01950

Bullwinkel, Bob, *Surgery* '61,
Anesthesia '63
192 Riverside Dr.,
Ormond Beach, Fla. 32074

Bunker, John P., *Surgery* '46,
Anesthesia '50
Stanford Medical Center,
Palo Alto, Calif. 94304

*Burbank, Charles B., *Surgery* '42
Clinical Associate, Surgery,
94 Pleasant St., Arlington, Mass.
02174

Burden, Charles E., *Children's* '61
1 North St., Bath, Maine 04530

*Burgin, Leo B., *Children's* '35
Pediatrician
151 Kent St., Brookline, Mass. 02146

*Burke, John F., *Surgery* '57
Associate Visiting Surgeon
M.G.H.

Burke, Mervyn F., Jr., *Surgery* '61
599 Sir Frances Drake Blvd., San Rafael, Calif. 94904

Burke, Robert E., *Medicine* '63, *Neurology* '64
National Institutes of Health, Bethesda, Md. 20014

Burland, George R., *Surgery* '53
Olds, Alberta, Canada

Burnett, Charles H., *Medicine* '46
Buttons Rd., Chapel Hill, N. C. 27514

*Burnett, Jean B.
Assistant Biochemist, Dermatology
M.G.H.

*Burnham, Charles A.
Assistant Applied Physicist, Medicine M.G.H.

Burns, E. Murray, *Psychiatry* '35
1920 N. W. Johnson St., Portland, Ore. 97209

*Burnside, John W., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

*Burrage, Walter S., *Medicine* '27
Honorary Physician
330 Dartmouth St., Boston, Mass. 02116

Burrage, William C., *Medicine* '46
57 Deering St., Portland, Maine 04101

Burrington, John D., *Surgery* '66
Hospital for Sick Children, Toronto, Canada

Burrow, Jarrel G., *Dentistry* '49
507 Main St., Worcester, Mass. 01608

Burstein, Nelson A., *Surgery* '66
National Cancer Institute, Bethesda, Md. 20014

*Burton, Richard I.
Assistant Resident, Orthopedic Surgery M.G.H.

Burwell, C. Sidney, *Medicine* '21
25 Shattuck St., Boston, Mass. 02115

Bush, Richard D., *Surgery* '43
203 Commonwealth Ave., Boston, Mass. 02116

Bushnell, Leonard S., *Anesthesia* '65
M.G.H.

*Butler, Allan M.
Honorary Physician
Tashmoo Farm, Vineyard Haven, Mass. 02568

Butler, William T., *Medicine* '65
3610 Cloverdale St.
Houston, Texas 77025

Buttles, Roy V., *Pathology* '50
Heaton Hospital, Montpelier, Vt. 05601

Byers, Randolph K., *Medicine* '23
Children's Hospital Medical Center, Boston, Mass. 02115

Byrnes, Roy L., *Pathology* '54
34745 Camino Capistrano, Capistrano Beach, Calif. 92624

*Cain, Arthur J., *Psychiatry* (McL) '55
Associate Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Calderon, Doninador C.
Dermatology '67
1235 Martin St., Mattapan, Mass. 02126

*Caldwell, Enid
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Calhoun, F. Phinizy, Jr., *Medicine* '38
478 Peachtree, N. E., Atlanta, Ga. 30308

Calkins, Evan, *Medicine* '52
Buffalo General Hospital, Buffalo, N. Y. 14203

Callison, James R., *Surgery* '65
Medical College of Virginia, Richmond, Va. 23219

*Cameron, Fergus M., *Anesthesia* '67
Chief Resident in Anesthesia M.G.H.

Cameron, Howard S., *Orthopedic* '57
450 Central Ave., London, Ontario, Canada

Campbell, Charles R., *Pathology* '55
100 S. San Mateo Dr., San Mateo, Calif. 94401

Canellos, George P., *Surgery* '61 *Medicine* '66
1 Chatsworth Close, Chatsworth Rd., London, W. 4, England

*Caner, G. Colket, *Medicine* '24
Honorary Physician
63 Marlborough St., Boston, Mass. 02116

Canlas, Benjamin D., Jr., *Pathology* '56
College of Medicine, University of the Philippines, Manila, P. I.

*Cannon, Bradford
Visiting Surgeon M.G.H.

Cannon, Jack A., *Surgery* '46
University of California Medical Center, Los Angeles, Calif. 90024

Cantlon, Edwin L., *Surgery* '41
129 West 6th St., Reno, Nev. 89503

Cantlon, J. Vernon, *Surgery* '38
129 West 6th St., Reno, Nev. 89503

Cantor, Frederick K., *Neurology* '67
M.G.H.

Cantor, Harvey E., *Children's* '63
University Hospital, Lexington, Ky. 40506

Cantu, Robert C., *Neurosurgery* '67
M.G.H.

Canty, Timothy G., *Surgery* '67
National Insitutes of Health, Bethesda, Md. 20014

*Caplan, Gerald
Psychiatrist
58 Fenwood Rd., Boston, Mass. 02115

*Caplan, Lloyd M., *Psychiatry* (McL) '60
Assistant Attending Psychiatrist (McL)
14 West Boulevard Road, Newton Centre, Mass. 02159

Capland, Lewis, *Dermatology* '40
1680 Meridian Ave., Miami Beach, Fla. 33139

Capps, Richard B., *Children's* '31, *Medicine* '33
122 S. Michigan Blvd., Chicago, Ill. 60603

Capps, Samuel C., *Pathology* '49
Butterworth Hospital, Grand Rapids, Mich. 49503

*Carbone, Duane F.
Assistant Dental Surgeon
221 Cabot St., Beverly, Mass. 01915

Cardenal, Fernano A., *Orthopedic* '59
World Health Organization
B.P. 1899, Kinshasa, Leopoldville, Republic of the Congo

Carey, John M., *Surgery* '46
430 N. W., 12th St., Oklahoma City, Okla. 73103

*Carey, Robert W., *Medicine* '61
Assistant in Medicine
M.G.H.

Carey, Thomas A., *Radiology* '61
1696 Monoco Parkway,
Denver, Colo. 80220

Carlton, Frank E., *Urology* '66
U.S. Army Hospital,
Seoul, Korea

Carmichael, Miriam W., *Neurology* '56
1100 W. Franklin St.,
Richhmond, Va. 23220

Carmody, John T. B., *Neurosurgery* '36
65 Elm St., Worcester, Mass. 01609

*Carnes, Harold A.
Honorary Surgeon
29 Bay State Rd., Boston, Mass. 02115

*Carney, Henry J.
Board of Consultation, Dental Medicine
Box 294, West Harwich, Mass. 02671

*Carr, Matthew L., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

*Carroll, Brian C., *Anesthesia* '67
Assistant Resident, Anesthesia
M.G.H.

Carroll, Robert E., *Orthopedic* '44
180 Fort Washington Ave.,
New York, N. Y. 10032

Carson, Parker C., *Orthopedic* '40
130 Maple St., Springfield, Mass. 01103

*Carter, Edwin L., *Surgery* '60
Assistant Surgeon M.G.H.

*Carter, Franklin, *Psychiatry* (McL) '48
Assistant Psychiatrist; Assistant Attending Psychiatrist (McL)
51 Brattle St., Cambridge, Mass. 02138

Carter, George B., *Radiology* '62
2525 N. W., 116 St.,
Oklahoma City, Okla. 73120

Carter, George H., *Medicine* '47, *Psychiatry* '48
1200 N. Walker St.,
Oklahoma City, Okla. 73103

Carter, James R., Jr., *Medicine* '64
Assistant in Medicine M.G.H.

*Carter, Lucille P.
Assistant in Psychiatry
17 Trinity Terrace,
Newton Centre, Mass. 02159

Carter, Richard R., *Neurology* '42
Medical Arts Bldg., Portland, Ore. 97205

Cascario, Nicholas, Jr., *Dentistry* '44
419 South 3rd St., Bangor, Pa. 18013

Case, Clarke T., *Surgery* '43
1402 Genesee St., Utica, N. Y. 13502

*Cass, John W., *Medicine* '31
Board of Consultation, Medicine
87 Chestnut St., Boston, Mass. 02108

Casten, Virgil G., *Neurology* '29
412 Beacon St., Boston, Mass. 02115

Castle, William B., *Medicine* '23
Boston City Hospital,
Boston, Mass. 02118

*Castleman, Benjamin, *Pathology* '35
Chief of Pathological Department
M.G.H.

Catlin, Randolph, Jr., *Psychiatry* '62
Psychiatry (McL) '63
75 Mount Auburn St.,
Cambridge, Mass. 02138

Catterson, LeRoy F., *Children's* '24
107½ High Ave..
Oskaloosa, Iowa 52577

*Caulfield, James B.
Associate Pathologist M.G.H.

*Cavanaugh, James J. A.
Clinical Associate in Pediatrics
St. Elizabeth's Hospital,
Brighton, Mass. 02135

*Cave, Edwin F., *Surgery* '26, *Orthopedic* '28
Consulting Visiting Orthopedic Surgeon M.G.H.

Caviness, Verne S., Jr., *Medicine* '64
Neurology, Pathology '66
Department of Neurology
U.S.A.F. Hospital,
Tachikama, Tokyo, Japan

Cecil, Lee McF., *Medicine* '50
599 Sir Frances Drake Blvd.,
San Rafael, Calif. 94904

*Chafetz, Morris E.
Psychiatrist M.G.H.

Chaffin, George L., *Surgery* '21
Urology '21
132 North Hudson Ave.,
Los Angeles, Calif. 90004

Chai, Joyce K. Wong, *Children's* '60
2100 Via Venado St.,
La Canada, Calif. 91011

Chalfin, Robert M., *Psychiatry* (McL.) '64
285 Emerson Lane, Berkeley Heights, N. J. 07922

*Chalpin, George
Assistant Attending Psychiatrist (McL)
195 St. Paul St., Brookline, Mass. 02146

Chamberlain, J. Maxwell, *Neurosurgery* '34, *Surgery* '37
23 East 79th St., New York, N. Y. 10021

Chamberlin, Harrie R., *Children's* '49
University of North Carolina School of Medicine, Chapel Hill, N. C. 27515

Chamberlin, Robert W., Jr., *Children's* '59
2209 S. Circle Dr., Ann Arbor, Mich. 48103

*Chandler, Hugh P., *Orthodepic* '62
Assistant in Orthopedic Surgery
266 Beacon St., Boston, Mass. 02116

*Chang, Wallace H.-J., *Surgery* '67
Assistant Resident in Surgery M.G.H.

Chapin, David S., *Surgery* '66
221 Longwood Ave.,
Boston, Mass. 02115

Chaplin, Hugh, Jr., *Medicine* '50
Washington University School of Medicine, St. Louis, Mo. 63110

Chapman, C. Ethelyn, *Anesthesia* '38
Veterans Administration Center,
Los Angeles, Calif. 90073

*Chapman, Earle M., *Medicine* '34
Physician M.G.H.

Chapman, Paul H., *Surgery* '66
School of Aerospace Medicine,
Brooks Air Force Base,
San Antonio, Texas 78235

Charash, Leon I., *Children's* '52
31 Kodiak Dr.,
Woodbury, N. Y. 11797

Chase, John S., *Surgery* '40
1004 N. Main St.,
Brockton, Mass. 02401

Chase, Thomas N., *Neurology* '64
National Institutes of Health,
Bethesda, Md. 20014

*Chasen, Mignon C.
Assistant Attending Psychiatrist (McL)
111 Cedar St.,
Newton Centre, Mass. 02159

Cheer, Sheo-Nan, *Medicine* '22
21338 Halldale Ave.,
Torrance, Calif. 90501

Cheney, Marshall C., *Medicine* '18
3000 Colby St., Berkeley, Calif. 94705

Chernoff, Amos I., *Medicine* '48
Memorial Research Center, University of Tennessee, Knoxville, Tenn. 37920

Chittick, Rupert A., *Psychiatry* (McL) '38
Vermont State Hospital, Waterbury, Vt. 05676

Chiu, Thomas L., *Psychiatry* '66
Boston State Hospital, 591 Morton St., Boston, Mass.

*Choras, Peter T., *Psychiatry* (McL) '62, *Psychiatry* '63
Assistant Attending Psychiatrist (McL)
250 Winter St., Weston, Mass. 02193

*Christ, Jacob
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Christensen, William R., *Medicine* '43
Salt Lake County General Hospital, Salt Lake City, Utah 84115

Christenson, William N., *Medicine* '50
New York Hospital, New York N. Y. 10028

*Christman, George, *Dentistry* '52
Assistant Oral Surgeon in Dental Medicine
60 Charlesgate West, Boston, Mass. 02215

*Christy, Helen C.
Intern, Children's Service M.G.H.

*Churchill, Edward D., *Surgery* '23
Honorary Surgeon
269 Prospect St., Belmont, Mass. 02178

Churchill, W. Hallowell, Jr., *Medicine* '65
National Institutes of Health, Bethesda, Md. 20014

*Chute, Richard, *Surgery* '29
Board of Consultation, Urology
Veterans Administration Hospital, 150 S. Huntington Ave., Jamaica Plain, Mass. 02130

Ciano, Joseph F., *Dentistry* '54
1159 Hancock St., Quincy, Mass. 02169

*Cihak, Robert J.
Assistant Resident, Radiology M.G.H.

*Cion, Maurice C., *Psychiatry* (McL) '66
43 Rosaley Rd., Newton, Mass. 02169

*Civan, Mortimer M.
Assistant in Medicine M.G.H.

Civantos, Francisco, *Pathology* '66
U.S. Air Force, Medical Corps, F.T. 3126355, Chanute Air Force Base, Rantoul, Ill. 61866

*Civetta, Joseph M., *Surgery* '67
Assistant Resident in Surgery M.G.H.

Claiborne, T. Sterling, *Medicine* '34
384 Peachtree St., N.E., Atlanta, Ga. 30308

Claman, Henry N., *Medicine* '58
University of Colorado Medical Center, Denver, Colo. 80220

Clapp, Stewart, *Neurosurgery* '39
4740 Chevy Chase Dr., Chevy Chase, Md. 20015

Clark, DeWitt S., Jr., *Surgery* '15
2 Oliver St., Salem, Mass. 01970

*Clark, John G., Jr., *Psychiatry* '55, *Psychiatry* (McL) '58
Assistant Psychiatrist; Assistant Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Clark, Lincoln D., *Medicine* '48, *Psychiatry* '50
Salt Lake County General Hospital, Salt Lake City, Utah 84115

*Clark, Richard J., *Medicine* '33
Board of Consultation, Medicine
15 Dix St., Winchester, Mass. 01890

Clark, Sam L., Jr., *Medicine* '50
Washington University School of Medicine, St. Louis, Mo. 63110

*Clark, Wallace H., Jr.
Associate Pathologist M.G.H.

Clarke, Burdick G., *Medicine* '43
1224 Jefferson Bldg.,
Peoria, Ill. 61602

Clement, James D., Jr., *Surgery* '44
77 Essex St., Bangor, Maine 04401

Clement, S. Preston, Jr., *Medicine* '56
203 Medical Arts Bldg.,
Sarasota, Fla. 33579

*Clifford, M. Henry, *Medicine* '35
Assistant Physician
6 Gould Rd., Bedford, Mass. 01730

*Clifford, Stewart H., *Medicine* '27
Boston Lying-in Hospital,
Boston, Mass. 02115

*Cline, Herbert S., *Psychiatry* '56
Assistant in Psychiatry; Assistant Attending Psychiatrist (McL)
185 Dean Rd., Brookline, Mass. 02146

Cline, John W., Jr., *Surgery* '27
490 Post St., San Francisco, Calif. 94102

*Cloherty, John P.
Assistant Resident, Children's Service M.G.H.

*Cloos, Antoine
Assistant Resident, Anesthesia M.G.H.

*Clouse, Melvin E., *Radiology* '64
Assistant in Radiology M.G.H.

Clowes, George H. A., Jr., *Surgery* '48
Pegan Lane, Dover, Mass. 02023

Cobb, Cully A., Jr., *Neurology* '48
Medical Arts Bldg.,
Nashville, Tenn. 37212

Cobbs, Beverly W., Jr., *Medicine* '55
Emory University Clinic, Box 459, Atlanta, Ga. 30322

*Cochran, William D., *Children's* '54
Associate Pediatrician
Boston Lying-in Hospital,
Boston, Mass. 02115

*Codington, John F.
Assistant Biochemist, Medicine M.G.H.

Coe, Robert C., *Surgery* '55
1115 Columbia St., Seattle, Wash. 98104

Coffey, Edward L., Jr., *Orthopedic* '66
Francis Delafield Hospital,
99 Fort Washington Ave.,
New York, N. Y. 10032

Coggeshall, Howard C., *Medicine* '35
3710 Swiss Ave., Dallas, Texas 75204

*Coggins, Cecil H.,*Medicine* '59
Assistant in Medicine M.G.H.

*Cohen, Alfred M.
Intern in Surgery M.G.H.

Cohen, George L., *Medicine* '67
M.G.H.

Cohen, Irvin J., *Children's* '31
4802 10th Ave., Brooklyn, N. Y. 11219

Cohen, John M., *Children's* '66
U.S.A.F. Hospital, F.Y. 3165079
A.P.O. 09109, New York, N. Y.

Cohen, Jonathan, *Orthopedic* '50
Children's Hospital Medical Center, Boston, Mass. 02115

*Cohen, M. Michael
Consultant in Dentistry, Department of Neurology
Walter E. Fernald State School, Waverly, Mass. 02179

*Cohen, Mandel E., *Psychiatry* '36
Neurologist M.G.H.

Cohen, Max H., *Surgery* '67
National Institutes of Health, Bethesda, Md. 20014

*Cohen, Morris
Consultant to Orthopedic Service
Massachusetts Institute of Technology, Cambridge, Mass. 02139

Cohen, Norman R., *Medicine* '63
University of California Hospitals, San Francisco, Calif. 94122

*Cohen, Richard B., *Pathology* '53
Pathologist M.G.H.

Cohn, Roy B., *Pathology* '33
Neurosurgery '34, *Surgery* '37
Stanford Medical Center, Palo Alto, Calif. 94304

Cohn, Zanvil A., *Medicine* '55
Rockefeller Institute for Medical Research, 66th and York Ave., New York, N. Y. 10021

Cole, Clarence H., *Pathology* '35
111 W. Main St., Waterbury, Conn. 06702

*Cole, Edwin M., *Neurology* '32, *Psychiatry* (McL) '34
Board of Consultation, Neurology M.G.H.

Cole, Monroe, *Neurology* '60
The Bowman Gray School of Medicine, Winston-Salem, N. C. 27103

Coleman, Roy M., *Psychiatry* (McL) '64

Coles, Martin R., *Psychiatry* '56, *Psychiatry* (McL) '57
75 Mount Auburn St., Cambridge, Mass. 02138

Coley, Mary S., *Children's* '55
253 Ridgewood Rd., West Hartford, Conn. 06107

Collins, David L., Jr., *Surgery* '61
Cabarrus Medical Bldg., Concord, N. C. 28025

Collins, George H., *Pathology* '59
University of Florida College of Medicine, Gainesville, Fla. 52601

Collins, H. Douglas, *Medicine* '55
8 N. Main St., Caribou, Maine 04736

Collins, Richard, *Surgery* '33
204 Vassar Pl., Alexandria, Va. 22314

*Colman, Roberta F.
Assistant Biochemist, Biochemical Research M.G.H.

*Colman, Robert W.
Assistant in Medicine M.G.H.

Colokathis, Paul P., *Orthopedic* '54
146 Tarrytown Rd., Manchester, N. H. 03103

Colpitts, Grant E., *Pathology* '52
Regina General Hospital, Regina, Saskatchewan, Canada

Colquhoun, John B., *Orthopedic* '27
85 Spring St., Melbourne, Australia

Colwell, Howard S., *Medicine* '16
158 Whitney Ave., New Haven, Conn. 06511

Comly, Hunter H., *Children's* '44
5475 Woodward Ave.,
Detroit, Mich. 48202

Compton, David W., *Anesthesia* '46
905 E. Columbia St.,
Seatle, Wash. 98122

Conley, James E., *Surgery* '42
425 E. Wisconsin Ave.,
Milwaukee, Wis. 53202

*Connelly, John P., *Children's* '62
Pediatrician M.G.H.

*Conners, C. Keith
Associate Psychologist,
Psychiatry M.G.H.

*Connolly, Thomas F.
Assistant Podiatrist, Orthopedic
Service
107 Broad St., Lynn, Mass.
01901

Conrad, Elizabeth, *Children's* '45
2240 Cloverdale Ave.,
Winston-Salem, N. C. 27103

*Constable, John D., *Surgery* '59
Associate Visiting Surgeon
M.G.H.

Conway, Richard E., *Orthopedic* '63
184 Lowell St., Peabody, Mass.
01960

Cook, Charles D., *Children's* '49
Yale University, School of
Medicine, New Haven, Conn.
06510

Coolidge, John C., *Children's* '45
141 Coolidge Hill,
Cambridge, Mass. 02138

Coolidge, Thomas B., *Medicine* '29
5755 S. Dorchester Ave.,
Chicago, Ill. 60637

Coombs, Frederick S., *Medicine* '37
275 W. Federal St.,
Youngstown, Ohio 44503

Coons, Albert H., *Medicine* '39
25 Shattuck St., Boston, Mass.
02115

*Cooper, Joel D., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Cooperman, Sheldon, *Pathology* '61
St. Vincent's Hospital,
Worcester, Mass. 01610

*Cope, Oliver, *Surgery* '32
Visiting Surgeon M.G.H.

*Cope, Stuart
Assistant Resident Orthopedics
M.G.H.

Copeland, Robert B., *Medicine* '67
Clark-Holder Clinic,
La Grange, Ga. 30420

*Cori, Carl F.
Visiting Biochemist, Medicine
M.G.H.

Corning, Howard B., *Medicine* '63
c/o Chief Surgeon, U.S. Army
Japan, A.P.O. 96343,
San Francisco, Calif. 96343

Corry, Robert J., *Surgery* '67
M.G.H.

Cosby, Richard S., *Medicine* '40
111 Congress St., Pasadena, Calif.
91105

*Coser, Rose L.
Associate Sociologist (McL)
McLean Hospital, Belmont, Mass.
02178

*Cosgrove, William L.
Dental Surgeon
12 Waltham St., Lexington, Mass.
02173

*Cosimi, A. Benedict, *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Cotter, Walter C., *Neurosurgery* '57
110 Lockwood, Providence, R. I.
02903

Cotzias, George C., *Neurology* '45, *Medicine* '46
Medical Department, Brookhaven National Lab., Associated Universities, Inc.
Upton, N. Y. 11973

Cozen, Lewis N., *Orthopedic* '38
6221 Wilshire Blvd.,
Los Angeles, Calif. 90048

*Crabtree, Harvard H., *Surgery* '14, *Urology* '19
Honorary Surgeon
110 Francis St., Boston, Mass. 02215

Craddock, Charles G., Jr., *Psychiatry* '50
University of California Medical Center, Los Angeles, Calif. 90024

Craige, Ernest, *Medicine* '48
North Carolina Memorial Hospital, Chapel Hill, N. C. 27515

Crandell, Walter B., *Surgery* '41
Veterans Administration Hospital, White River Junction, Vt. 05001

Crary, Lyall S., Jr., *Surgery* '63
University of Oregon Medical School Hospitals, Portland, Ore. 97201

*Craven, N. Scott
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Crawford, Dorothy M.
Assistant Resident, Anesthesia
M.G.H.

Crawford, Ernest S., *Surgery* '54
Baylor University College of Medicine, Houston, Texas 77025

Crawford, Henry B., *Orthopedic* '32
15 Prince St., Rochester, N. Y. 14607

*Crawford, John D., *Children's* '49
Pediatrician M.G.H.

Croll, Diane, *Pathology* '48
4221 Basswood Rd.,
Minneapolis, Minn. 55416

Crone, Neil L., *Medicine* '37
74 Village Hill Rd.,
Belmont, Mass. 02178

*Cronkhite, Leonard W., Jr., *Medicine* '53
Board of Consultation, Medicine
Children's Hospital Medical Center, Boston, Mass. 02115

*Crossfield, Ruth M.
Clinical Associate, Psychiatry
P.O. Box 50, Hathorne, Mass. 01937

Crowell, Robert M., *Surgery* '67
M.G.H.

Crystal, Dean K., *Surgery* '46
1110 Harvard Ave., Seattle, Wash. 98122

*Culver, Perry J., *Medicine* '42
Associate Physician M.G.H.

Cunningham, Thomas D., *Medicine* '18, *Children's* '20
1612 Tremont Pl.,
Denver, Colo. 80202

*Currens, James H.
Assistant in Medicine M.G.H.

Currie, Richard A., *Surgery* '54
West Virginia University Medical Center, Morgantown, W. Va. 26506

*Curtin, Richard R., *Surgery* '57
Clinical Associate, Surgery
Exeter Clinic, Exeter, N. H. 03833

*Curwen, William L.
Assistant in Dermatology
541 High St., Westwood, Mass. 02090

*Cutler, Bruce St. J., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Cutts, Frank B., *Medicine* '34
315 Olney St., Providence, R. I. 02906

Daggett, Willard M., Jr., *Surgery* '66
M.G.H.

Dahl, Louis K., *Medicine* '47
Medical Department, Brookhaven National Lab., Associated Universities, Inc.
Upton, N. Y. 11973

*Daland, Ernest M., *Surgery* '18
Honorary Surgeon
483 Beacon St., Boston, Mass. 02115

*Dale, David C., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

D'Alessandro, Genesio L., *Anesthesia* '50
275 Forest Ave., Glen Ridge, N. J. 07028

Dalrymple, Willard, *Medicine* '47
University Health Services, Princeton University,
Princeton, N. J. 08540

*Dalton, Brian C.
Assistant Anesthetist M.G.H.

*Dalton, John C.
Assistant in Medicine
412 Beacon St., Boston, Mass. 02115

Daly, James J., *Pathology* '66
M.G.H.

*Damiani, C. Robert, *Dermatology* '46
Clinical Associate, Dermatology
50 Franklin St., Worcester, Mass. 01608

Damon, Albert, *Medicine* '52
Harvard University, Peabody Museum, Cambridge, Mass. 02138

*Daniels, Edward M.
Psychiatrist (McL)
26 Lyman Rd.,
Chestnut Hill, Mass. 02167

*Daniels, Gilbert H., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

*Daniels, Hadassah S.
Assistant Attending Psychiatrist (McL)
30 Lyman Rd.,
Chestnut Hill, Mass. 02167

Dann, David S., *Radiology* '22
701 East 63rd St.,
Kansas City, Mo. 64110

*Darling, R. Clement, *Children's* '54 *Surgery* '58
Assistant Surgeon
1180 Beacon St.,
Brookline, Mass. 02146

d'Autremont, Chester C., *Neurology* '48
Children's Hospital Medical Center, Boston, Mass. 02115

Davanloo, Habibolah, *Psychiatry* '59
Montreal General Hospital,
Montreal, Canada

David, John R., *Medicine* '61
New York University Medical School, New York, N. Y. 10016

David, Solomon D., Orthopedic '22
1215 Walker Ave., Houston, Texas 77002

Davidoff, Frank F., *Medicine* '65
Beth Israel Hospital,
Boston, Mass. 02215

*Davidson, Edwin M.
Assistant Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Davidson, Gerald E.
Assistant Psychiatrist M.G.H.

*Davies, John A. V.
Honorary Physician
319 Longwood Ave.,
Boston, Mass. 02115

Davis, Burnet M., *Surgery* '42
National Library of Medicine,
Bethesda, Md. 20014

Davis, James McC., *Surgery* '52
2700 Riverside Ave.,
Jacksonville, Fla. 32204

Davis, John M., *Children's* '61
National Institutes of Health,
Bethesda, Md. 20014

Dawes, Daniel C., *Psychiatry* (McL) '39
51 Brattle St.,
Cambridge, Mass. 02138

Dawson, Clyde W., *Orthopedic* '36
1275 Olentangy River Rd.,
Columbus, Ohio 43212

DeBusk, Franklin L., *Children's* '50
907 S.W. 4th Ave.,
Gainesville, Fla. 32601

*Decker, Briant L., *Children's* '31, *Medicine* '32
Associate Physician
75 Mount Auburn St.,
Cambridge, Mass. 02138

Defalco, Alfred J., *Surgery* '63
154 Thompson Road,
Rochester, N. Y. 14623

*DeGroot, Leslie J., *Medicine* '57
Assistant Physician M.G.H.

*Dehner, Gerard A.
Assistant Resident, Orthopedic
M.G.H.

Del Guidice, Peter A., *Anesthesia* '63
Grace Hospital, Detroit, Mich.
48201

DeLong, George R., *Neurology* '67
M.G.H.

DeLong, William B., *Surgery* '63
2019 Lincoln St.,
Evanston, Ill. 60201

*DeLorme, Thomas L., *Orthopedic* '55
Assistant Orthopedic Surgeon
M.G.H.

d'Elseaux, Frank C., *Medicine* '29
37 Marlborough St., Boston, Mass.
02116

*de Marneffe, Francis L. A., *Psychiatry* '52, *Psychiatry* (McL) '54
Director of McLean Hospital
McLean Hospital, Belmont, Mass.
02178

de Mola, Luis L., *Pathology* '60
Alcanfores 999, Miraflores,
Lima, Peru

*Dempsey, Peter A.
Dental Surgeon
56 Melville Ave.,
Dorchester, Mass. 02124

Dennie, Charles C., *Dermatology* '14
Professional Bldg.,
Kansas City, Mo. 64106

Denton, Jane E., *Medicine* '46
Walter E. Fernald State School,
Waverley, Mass. 02179

DePriest, Oscar S., *Surgery* '61
2349 Green St., S.E.,
Washington, D. C. 20020

Derby, Joseph P., *Orthopedic* '25
20 Maple St., Springfield, Mass.
01103

Derow, Harry A., *Pathology* '28
1136 Beacon St.,
Brookline, Mass. 02146

Derow, Sidney, *Pathology* '31
925 Centre St.,
Newton Centre, Mass. 02159

Derrick, Charles C., *Pathology* '41, *Medicine* '42
780 Chestnut St.,
Springfield, Mass. 01107

*DeSanctis, Roman W., *Medicine* '60
Associate Physician M.G.H.

Detwiler, Robert C., *Orthopedic* '56
68 Charlton Ave., West,
Hamilton, Ontario, Canada

Detwiler, Robert H., *Children's* '40
3120 North 13th St.,
Arlington, Va. 22201

Deuel, Thomas F., *Medicine* '65
National Heart Institute,
Bethesda, Md. 20014

*Deutsch, Helene
Honorary Physician
44 Larchwood Dr.,
Cambridge, Mass. 02138

*DeVivo, Darryl C., *Children's* '67
5914 Conway Rd.,
Bethesda, Md. 20014

Dewey, Edward B., *Surgery* '21
Box 2029, Pebble Beach, Calif.
93953

*DeWilde, Herman
Clinical Associate, Oral Surgery
403 Commonwealth Ave.,
Boston, Mass. 02215

*Dexter, Chester J.
Clinical Associate, Surgery
51 Brattle St., Cambridge, Mass.
02138

Deykin, Daniel, *Medicine* '58
Beth Israel Hospital,
Boston, Mass. 02115

Dickersin, G. Richard, *Pathology* '57
Brockton Hospital,
Brockton, Mass. 02402

Dickson, Carol C., *Medicine* '48,
Children's '49
127 West 79th St.,
New York, N. Y. 10024

*Dickson, William A., *Children's* '47
Clinical Associate in Pediatrics
1493 Brush Hill Road,
Milton, Mass. 02186

Diehl, Sylvia Davies, *Children's* '58
33 Maple Ave., Madison, N. J.
07940

*Dienes, Louis L.
Honorary Physician M.G.H.

Dierks, Marianne, *Psychiatry* '66
Child Guidance Center,
54 Baltimore St.,
Lynn, Mass. 01902

Dillon, Harold T., Jr., *Pathology* '59
62 Butler St., S.E., Atlanta, Ga.
30303

Dillon, Victor M., *Orthopedic* '32
2166 Hayes St.,
San Francisco, Calif. 94117

Dimon, Joseph H., III, *Orthopedic*
'60
1938 Peachtree Rd., N.W.,
Atlanta, Ga. 30309

*Dineen, James J.
Intern in Medicine M.G.H.

Diner, Wilma J. Canada,
Pathology '51
Radiology '54
University of Arkansas Medical
Center, Little Rock, Ark. 72201

*Dinsmore, Paul R., *Psychiatry*
(McL) '61
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

*Dinsmore, Robert E., *Radiology* '61
Associate Radiologist M.G.H.

Ditmore, Harry B., Jr., *Surgery* '58
Children's Clinic
1440 S. W. Taylor St.,
Portland, Ore. 97205

Doctoroff, Stephen J., *Medicine* '67
M.G.H.

Dodd, Robert B., *Anesthesia* '50
Washington University School of
Medicine, St. Louis, Mo. 63110

Dodge, Richard S., *Orthopedic* '46
4767 Kahala Ave.,
Honolulu, Hawaii 96815

Dohan, F. Curtis, *Medicine* '35
Hospital of the University of Pennsylvania,
Philadelphia, Pa. 19104

Doisy, Edward A., Jr., *Medicine* '45
St. Louis University, School of Medicine, St. Louis, Mo. 63104

Dole, Kenneth L., *Surgery* '17
727 East Del Mar Blvd.,
Pasadena, Calif. 91106

Dole, Vincent P., Jr., *Medicine* '41
Rockefeller Institute for Medical Research, 66th and York Ave.,
New York, N. Y. 10021

Donaghy, Raymond M. P., *Neurosurgery* '42
Mary Fletcher Hospital,
Burlington, Vt. 05401

Donald, James H., *Medicine* '48
801 North Cascade Ave.,
Colorado Springs, Colo. 80903

*Donaldson, Gordon A., *Surgery* '42
Visiting Surgeon M.G.H.

Donnelly, Elwin W., *Radiology* '61
Georgia Baptist Hospital,
Atlanta, Ga. 30312

Donner, Reynout, *Pathology* '57
Pr. Hendriklaan 27,
Amsterdam, The Netherlands

*Donoff, Robert B.
Intern in Oral Surgery M.G.H.

Donohue, John P., *Urology* '65
Indiana University Medical Center,
1100 West Michigan Ave.,
Indianapolis, Ind. 46207

*Donovan, Donald D.
Assistant Podiatrist, Orthopedic Service
8 Winter St., Boston, Mass. 02108

Donovan, James F., *Orthopedic* '57
85 Jefferson St., Hartford, Conn. 06103

Donovan, Woodrow M., *Psychiatry* (McL) '67 M.G.H.

Drachman, David A., *Neurology* '60
Northwestern University Medical School, Chicago, Ill. 60611

Drake, Emerson H., *Surgery* '45
18 Bramhall St., Portland, Maine 04102

Drake, Truman G., *Medicine* '37
114 N. Taylor Ave.,
St. Louis, Mo. 63108

Dreier, Theodore, Jr., *Psychiatry* '63
Psychiatry (McL) '64
4 Graceland Park,
Cambridge, Mass. 02139

Dresel, Rudolph L., *Orthopedic* '21
37 Calhoun Terrace,
San Francisco, Calif. 94133

Dretler, Stephen P., *Surgery* '66
Myrtle Beach Air Force Base,
Myrtle Beach, S. C. 29577

Drewry, Garth R., *Medicine* '53
1 Davis Blvd., Tampa, Fla. 33606

*Dreyfus, Pierre M., *Neurology* '55
Neurologist; Associate Neurologist (McL) M.G.H.

*Dreyfuss, Jack R.
Associate Radiologist
Zero Emerson Pl., Boston, Mass. 02114

*Driscoll, Robert A.
Clinical Associate in Pediatrics
464 Granite Ave., Milton, Mass. 02188

Duchon, Jiri
Assistant Biochemist, Dermatology M.G.H.

Duda, Gerhart A., *Psychiatry* (McL) '61
5 Emerson Place, Boston, Mass. 02114

Duff, Arthur W., *Pathology* '64
One Emerson Pl., Boston, Mass. 02114

Duffy, Frank H., *Neurosurgery* '65
4 Bryden Rd., Weston, Mass. 02193

Duffy, Raymond J., *Psychiatry* (McL) '35
Medical Tower Bldg., Wheeling, W. Va. 26003

*Duggan, John A.
Clinical Associate in Pediatrics
721 Pleasant St., Worcester, Mass. 01602

Dulin, John W., *Pathology* '33
Dey Bldg., Iowa City, Iowa 52240

Dumont, Matthew P., *Psychiatry* (McL) '64
55 Shattuck St., Roxbury, Mass. 02115

Dunbar, Ronald W., *Anesthesia* '64
Second General Hospital, A.P.O. c/o Postmaster, New York, N. Y. 09180

*Duncan, Adah M.
Assistant Resident, Radiology M.G.H.

Duncombe, Alfred L., *Medicine* '34
336 Pleasant St., Brockton, Mass. 02401

Dunn, Edward, *Surgery* '56
901 Harrison St., Syracuse, N. Y. 13210

Dunn, Fa-Chi, *Dermatology* '54
Kaiser Foundation Hospital, Oakland, Calif. 94611

Dunn, William L., *Pathology* '60
University of British Columbia, Vancouver, B.C., Canada

*Duritz, Gilbert
Intern, Children's Service M.G.H.

Durno, Edwin R., *Surgery* '29
2512 E. Main St., Medford, Ore. 97501

D'Urso, John J., *Dermatology* '44
301 Essex St., Lawrence, Mass. 01840

Duxbury, James H., *Urology* '60
625 Fort St., Victoria, British Columbia, Canada

*Dvorak, Harold F.
Assistant in Pathology M.G.H.

Dwight, Richard W., *Surgery* '31
Veterans Administration Hospital, 150 S. Huntington Ave., Jamaica Plain, Mass. 02130

Dwyer, John H., *Children's* '56, *Psychiatry* (McL) '58
5025 Castleman St., Pittsburgh, Pa. 15232

*Dwyer, Thomas F.
Associate Psychiatrist M.G.H.

*Dyer, Edward C.
Clinical Associate in Pediatrics
1180 Beacon St., Brookline, Mass. 02146

*Eaton, Ann E.
Assistant in Psychology, Medicine M.G.H.

Eaton, Richard G., *Orthopedic* '61
Roosevelt Hospital, 428 West 59th St., New York, N. Y. 10019

*Eaton, S. Boyd, *Radiology* '67
Resident in Radiology M.G.H.

Edelman, Gerald M., *Medicine* '55
Rockefeller Institute for Medical Research, 66th and York Ave., New York, N. Y. 10021

Edelstein, Leon M., *Dermatology* '62
Department of Biochemistry
Brandeis University, Waltham, Mass. 02154

Edmonds, Henry W., *Pathology* '42
110 Irving St., N.W., Washington, D.C.

Edmunds, L. Henry, Jr., *Surgery* '63
Mason Clinic, 1118 9th Ave., Seattle, Wash. 98101

Edsall, Geoffrey, *Medicine* '36
375 South St.,
Jamaica Plain, Mass. 02130

Edwards, William S., *Surgery* '52
Medical College of Alabama,
Birmingham, Ala. 35233

*Egbert, Lawrence D.
Associate Anesthetist M.G.H.

Egel, Norman, *Orthopedic* '38
797 Elmwood Ave.,
Rochester, N. Y. 14620

Egloff, Frank R. L., *Psychiatry* '51
31 Main St., Farmington, Conn.
06032

Ehrenkranz, Nathaniel J., *Medicine*
'54
University of Miami School of
Medicine, Miami, Fla. 33134

*Eichberg, Joseph, Jr.
Assistant Biochemist (McL)
McLean Hospital, Belmont, Mass.
02178

Eiseman, Ben, *Surgery* '43
University of Colorado School of
Medicine, Denver, Colo. 80220

*Eisenberg Leon
Psychiatrist (McL), Chief of
Psychiatric Service M.G.H.

*Eldred, Stanley H.
Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

Eldredge, James H., *Orthopedic* '60
66 Lewis Bay Rd., Hyannis, Mass.
02601

*Eldredge, LeRoy L., Jr., *Children's*
'51
Associate Pediatrician
215 Main St., Hingham, Mass.
02043

Eliel, Leonard P., *Medicine* '42
Oklahoma Medical Research
Institute, Oklahoma City, Okla.
73104

Eliot, Christopher R., *Children's* '63
18 Tremont St., Room 704,
Boston, Mass. 02108

*Eliscu, Edward H., *Radiology* '67
Assistant Resident in Radiology
M.G.H.

Elite, Anthony E., *Psychiatry*
(McL) '66
U.S. Public Health Service,
Washington, D.C. 20012

Ellenberg, Jack, *Psychiatry* (McL)
'62
565 West End Ave.,
New York, N. Y. 10024

Ellery, Sidney W., *Surgery* '43
1090 Atlantic Ave.,
Long Beach, Calif. 90813

Elliot, Howard L., *Anesthesia* '42
Chestnut Hill, Harlan, Ky.
40831

Elliott, Joseph A., Jr., *Medicine* '45
1012 Kings Dr., Charlotte, N. C.
28207

*Ellis, Daniel S., *Medicine* '41
Physician M.G.H.

Ellis, Effie O., *Children's* '52
169 Clarendon Ave.,
Columbus, Ohio 43223

Ellis, Lawrence B., *Medicine* '28
319 Longwood Ave.,
Boston, Mass 02115

*Ellman, Leonard L.
Intern in Medicine M.G.H.

Elrick, Harold E., *Medicine* '47
Veterans Administration Hospital,
Denver, Colo. 80220

*Elsey, Edward C., Jr.
Assistant Resident, Anesthesia
M.G.H.

*Embree, Larry J., *Neurology* '62
Pathology '63
Clinical Associate in Neurology
McLean Hospital,
Belmont, Mass. 02178

*Emerson, George F., *Surgery* '42
Clinical Associate, Surgery
62 Columbian St.,
South Weymouth, Mass. 02190

Empson, Dora R., *Children's* '64, *Anesthesia* '67
21 York Ave.,
Watertown, Mass. 02172

*Endee, Charles H.
Dental Surgeon
14 Maple Rd., Weston, Mass. 02193

*Engel, Lewis L.
Biochemist, Medicine M.G.H.

Engelman, Karl, *Medicine* '64
National Institutes of Health,
Bethesda, Md. 20014

*England, Albert C., Jr.
Assistant in Neurology M.G.H.

Eppright, Richard H., *Orthopedic* '55
1200 Moorsund Ave.,
Houston, Texas 77025

*Epstein, Ervin H., Jr.
Assistant Resident, Dermatology M.G.H.

*Erdmann, Albert J., III
Intern in Surgery M.G.H.

*Ervin, Frank R.
Psychiatrist M.G.H.

*Emaili, Mohhammad H., *Anesthesia* '67
Assistant Resident in Anesthesia M.G.H.

*Esmiol, Pattison
Assistant in Psychiatry
72 York Terrace,
Brookline, Mass. 02146

*Essember, Lawrence J., *Children's* '53
Associate Pediatrician
2 Orchard Lane, Danvers, Mass. 01923

Esslinger, John O., *Orthopedic* '52
622 N. Woodward Ave.,
Birmingham, Mich. 48011

Estes, Joseph W., *Pathology* '65
750 Harrison Ave.,
Boston, Mass. 02118

Evans, Richard R., *Pathology* '44
Cleveland Clinic, 2020 East 93rd St., Cleveland, Ohio 44106

*Evans, Robert E., *Dental Medicine* '66
Assistant Dental Surgeon
110 Francis St., Boston, Mass. 02215

*Evans, Robley D.
Consultant in Physics, Radiology
Massachusetts Institute of Technology, Cambridge, Mass. 02139

Evans, Sheridan S., *Surgery* '50
619 S. Broadway, McAllen, Texas 78501

Everett, Henry C., III, *Psychiatry* '58
345 Harvard St.,
Cambridge, Mass. 02138

*Ewald, Frederick C.
Assistant Resident, Orthopedic M.G.H.

Ewell, John W., *Medicine* '37
435 College St.,
New Haven, Conn. 06520

Ewer, Edward G., *Orthopedic* '36
419 30th St., Oakland, Calif. 94609

Eyler, William R., *Children's* '43, *Radiology* '49
Henry Ford Hospital,
Detroit, Mich. 48202

Fairlie, Chester W., Jr., *Medicine* '47
85 Jefferson St., Hartford, Conn. 06103

Fang, Harry C.-H., *Psychiatry* '52
23278 Aetna St., Woodland Hills, Calif. 91364

Farkas, Robert W., *Psychiatry* (McL) '65
1810 Westwood Rd.,
York, Pa. 17403

Farmer, Douglas A., *Surgery* '43
203 Commonwealth Ave.,
Boston, Mass. 02116

*Farnsworth, Dana L., *Medicine* '35
Board of Consultation, Medicine
75 Mount Auburn St.,
Cambridge, Mass. 02138

Faulkner, James M., *Medicine* '25
535 Boylston St., Boston, Mass. 02116

Faust, Lawrence W., *Urology* '24
Morrison Lake Gardens,
Saranac, Mich. 48881

Fawcett, Don W., *Surgery* '43
25 Shattuck St., Boston, Mass. 02115

*Faxon, Henry H., *Surgery* '28
Board of Consultation, Surgery
309 Warren St., Brookline, Mass. 02146

*Faxon, Nathaniel W., *Surgery* '06
Director Emeritus
West Falmouth, Mass. 02574

Fay, Gardner F., *Orthopedic* '57
Concord Medical Center,
Concord, Mass. 01742

*Fazioli, Ruth A.
Intern, Children's Service
M.G.H.

*Fearer, Nathan H., *Children's* '58
Assistant Pediatrician
2 Orchard Lane, Danvers, Mass. 01923

*Federman, Daniel D., *Medicine* '55
Associate Physician M.G.H.

*Feigin, Ralph D., *Children's* '65
M.G.H.

*Feingold, Albert H.
Assistant Attending Phychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Feingold, Murray, *Children's* '63
20 Ash St., Boston, Mass. 02111

*Feldman, Charles L.
Consultant in Mathematics,
Department of Psychiatry
M.G.H.

Feldman, Morton V., *Psychiatry* '65
Boston State Hospital,
Dorchester, Mass. 02124

Fennell, Robert H., Jr., *Pathology* '49
1015 Gilchrest St., Pittsburgh, Pa. 15235

Ferguson, Albert B., Jr., *Orthopedic* '50
Children's Hospital,
Pittsburgh, Pa. 15213

*Ferguson, Edward L., *Surgery* '59
Clinical Associate, Surgery
1767 Northampton St.,
Holyoke, Mass. 01041

Ferguson, Ira A., Jr., *Surgery* '59
Emory University Clinic,
Atlanta, Ga. 30322

Ferguson, James J., Jr., *Medicine* '55
831 Amies Lane,
Bryn Mawr, Pa. 19010

Ferguson, Lloyd A., *Medicine* '65
1211 S. Independence Blvd.,
Chicago, Ill. 60623

*Fern, Donald J., *Psychiatry* '61, *Psychiatry* (McL) '62
Assistant in Psychiatry;
Assistant Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Ferris, Benjamin G.
Consultant in Medicine
665 Huntington Ave.,
Boston, Mass. 02115

Ferrucci, Joseph T., *Radiology* '67
M.G.H.

*Fiascone, Arnold D.
Assistant in Pediatrics
1 Salem St., Wakefield, Mass.
01880

Field, James B., *Medicine* '64
University of Pittsburgh School
of Medicine, Pittsburgh, Pa.
15213

Field, Paul, *Surgery* '62
79 Windsor Crescent, Sudbury,
Ontario, Canada

*Field, Richard A., *Medicine* '55
Clinical Associate, Medicine
Jefferson Medical College of
Philadelphia, Philadelphia, Pa.
19107

*Fienberg, Robert
Clinical Associate, Pathology
Beverly Hospital, Beverly, Mass.
01915

*Figman, Robert J., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Finck, Albert J., *Anesthesia* '49
Beth Israel Hospital,
Boston, Mass. 02115

Findlay, Francis McR., *Surgery* '24
San Manuel Hospital,
San Manuel, Ariz. 85631

Fine, Jacob, *Surgery* '27
330 Brookline Ave.
Boston, Mass. 02215

Fine, Stuart H., *Psychiatry* '67
c/o Dept. of Psychiatry,
McMaster University,
Hamilton, Ontario, Canada

Finkenstaedt, John T., *Medicine* '49
Cornell University Medical
College, New York, N. Y. 10021

Finlayson, Norris B., *Pathology* '60
University of California Hospitals,
San Francisco, Calif. 94122

Finley, Knox H., *Medicine* '34,
Neurology '36
The Presbyterian Medical Center,
Clay & Webster Sts.,
San Francisco, Calif. 94115

*Finseth, Frederick J., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Firminger, Harlan I., *Pathology* '47
University of Maryland School of
Medicine, Baltimore, Md. 21201

First, Robert A., *Orthopedic* '64
Hillside Medical Park,
Baker Ave., West Concord,
Mass. 01781

*Fischberg, Bruce W., *Psychiatry*
(McL) '61
Assistant in Psychiatry;
Assistant Attending Psychiatrist
(McL)
18 Moore St., Belmont, Mass.
02178

*Fischer, Josef E., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Fish, James E., *Surgery* '32
Box 42, Mountain Rd.,
Newbury, N. H. 03255

*Fisher, C. Miller
Neurologist; Associate
Neuropathologist, Pathology
M.G.H.

Fisher, David A., *Dermatology* '66
3340 Folsom St.,
San Francisco, Calif. 94110

Fisher, Mary S., *Medicine* '49
Philadelphia General Hospital,
Philadelphia, Pa. 19104

Fisher, Michael, *Dermatology* '67
M.G.H.

Fishman, Robert A., *Neurology* '50
University of California Medical Center, San Francisco, Calif. 94122

Fite, E. Halsell, *Surgery* '26
201 South 36th St., Muskogee, Okla. 74401

*FitzHugh, Greene
Honorary Physician
330 Dartmouth St., Boston, Mass. 02116

*Fitzpatrick, Thomas B.
Chief of Dermatological Service M.G.H.

*Fiumara, Nicholas J.
Clinical Associate, Dermatology
Department of Public Health, 15 Ashburton Pl., Boston, Mass. 02108

Flacke, Joan W., *Anesthesia* '64
M.G.H.

Flagg, James A., *Anesthesia* '55
Bridgeport Hospital, Bridgeport, Conn. 06610

Flanagan, Joseph M., *Medicine* '66
25 Shattuck St., Boston, Mass. 02115

Flanagan, Norris B., *Psychiatry* '40
203 Grove St., Wellesley, Mass. 02181

*Flax, Martin H.
Associate Pathologist M.G.H.

Flaxman, B. Alan, *Dermatology* '65
M.G.H.

*Fleischli, Donald J., *Radiology* '67
Assistant in Radiology M.G.H.

*Fleischner, Felix G.
Consulting Visiting Radiologist M.G.H.

*Fleming, T. Corwin, *Neurology* '61
Assistant in Neurology
208 Beacon St., Boston, Mass. 02116

Flood, William E., *Dermatology* '42
Medical Tower, 1550 W. Rosedale, Fort Worth, Texas 76104

Flook, Samuel E., *Orthopedic* '40
137 North Main St., Dayton, Ohio 45402

Florence, David W., *Orthopedic* '60
205 S. Rhode Island St., Minneapolis, Minn. 55426

Floyd, Cleveland, *Medicine* '04
55 Appleton St., Cambridge, Mass. 02138

Flynn, Chester J., *Anesthesia* '66
M.G.H.

*Flynn, Robert E.
Assistant in Neurology
736 Cambridge St., Brighton, Mass. 02135

*Folch-Pi, Jordi
Director of Scientific Research (McL)
McLean Hospital, Belmont, Mass. 02178

Foldes, Francis F., *Anesthesia* '43
Montefiore Hospital, Bronx, N. Y. 10467

Foley, F. Daniel, *Pathology* '64
U.S. Army Surgical Research Unit, Brooke Army Medical Center, Fort Sam Houston, Texas 78234

Folkman, Moses J., *Surgery* '65
Sears Laboratory, Boston City Hospital, Boston, Mass. 02118

Folsom, Hugh F., *Medicine* '31
West Townshend, Vt. 05353

*Forbes, Anne P.
Associate Physician M.G.H.

Forbes, Cecile Politis, *Children's* '56
Dodge Rd., Woodstock, Conn. 06281

Ford, Amasa B., *Medicine* '52
Benjamin Rose Hospital, Cleveland, Ohio 44106

*Forget, Bernard G., *Medicine* '65
Assistant Resident, Pathology
M.G.H.

Fornshell, Robert P., *Orthopedic* '58
85 Osborne St., Danbury, Conn.
06810

*Forrester, Deborah M.
Resident in Radiology M.G.H.

Fort, Frank L., *Orthopedic* '22
107 W. Gaines St.,
Tallahasee, Fla. 32301

*Foster, Gerald S., *Medicine* '53
Associate Physician M.G.H.

Fowler, Charles B., *Orthopedic* '29
Box 95, Aptos, Calif. 95003

Fowler, Dwight M., *Surgery* '46
Cove St., Duxbury, Mass. 02332

*Fowler, Joseph W., III
Assistant Petiatrician
Zero Emerson Pl., Boston, Mass.
02114

Fox, Brendan M., *Urology* '63
20 Ashley St.,
Hartford, Conn. 06105

*Fozard, James L.
Assistant Psychologist
Veterans Administration Clinic,
17 Court St.,
Boston, Mass. 02108

Fraley, Elwin E., *Surgery* '63,
Urology '66
National Cancer Institute,
Bethesda, Md. 20014

Frame, Boy, *Medicine* '55
Henry Ford Hospital,
Detroit, Mich. 48202

Francis, Lewis, *Anesthesia* '50
3022 Breckenwood Dr.,
Lexington, Ky. 40502

*Frank, Thomas, *Children's* '53
Clinical Associate in Pediatrics;
Assistant Attending Psychiatrist
(McL)
134-A Brattle St.,
Cambridge, Mass. 02138

*Frankel, Freddy H.
Assistant Psychiatrist M.G.H.

*Franklin, William
Assistant Physician
Zero Emerson Pl., Boston, Mass.
02114

Franseen, Clifford C., *Surgery* '32
110 Francis St., Boston, Mass.
02215

Franseen, Elmer F., *Orthopedic* '47
780 Chestnut St.,
Springfield, Mass. 01107

Franz, Elmer M., *Orthopedic* '48
1750 Race St., Denver, Colo.
80206

Frazier, Howard S., *Medicine* '55
Beth Israel Hospital,
Boston, Mass. 02215

Frederick, Elizabeth W., *Medicine*
'66
Albert Einstein College of
Medicine, Bronx, N. Y. 10461

*Freedberg, Irwin M., *Dermatology*
'60
Clinical Associate in Dermatology
Beth Israel Hospital, Boston, Mass.
02215

Freedman, Harold J., *Children's* '28
454 Brookline Ave.,
Boston, Mass. 02215

Freeman, Don W., *Children's* '35
112 N. Burnett Ave.,
Denison, Texas 75020

Freeman, Norman E., *Surgery* '35
Box 62, Ensenada, Mexico 00100

Freiberg, Joseph A., *Orthopedic* '26
7154 Knoll Rd.,
Cincinnati, Ohio 45237

Freinkel, Ruth K., *Dermatology* '57
Northwestern University,
School of Medicine,
Chicago, Ill. 60611

*Fremont-Smith, Maurice
Honorary Physician
off Forest St., Manchester, Mass. 01944

*Freymann, John G., *Medicine* '51
Clinical Associate, Medicine
221 Longwood Ave., Boston, Mass. 02115

*Friedlich, Allan L., *Medicine* '48
Physician
Zero Emerson Pl., Boston, Mass. 02114

Friedman, Clarence F., *Children's* '23
400 Rugby Rd., Brooklyn, N. Y. 11226

*Friedman, Leonard J., *Medicine* '56
Assistant Attending Psychiatrist (McL)
26 Fairlawn St., Lexington, Mass. 02173

Friedman, Stanford B., *Children's* '60
University of Rochester School of Medicine and Dentistry, Rochester, N. Y. 14620

Fritz, William F., *Medicine* '51
2 West University Parkway, Baltimore, Md. 21218

*Fromer, John L.
Clinical Associate, Dermatology
66 Arnold Rd., Wellesley Hills, Mass. 02181

Frost, Harold M., *Surgery* '15
Friedship, Maine 04547

Frost, Robert G., *Anesthesia* '61
4th and Randall Way, Box 1253, Carmel, Calif. 93921

Fu, Wen S., *Children's* '26

Fuchs, Pablo, *Surgery* '42
3a Ave., 7-34
Guatemala City, Guatemala

Fuldner, Russell V., *Orthopedic* '39
178 Sherman Ave., New Haven, Conn. 06511

Fuller, Henry, *Medicine* '29
210 Hibriten Way, Lakeland, Fla. 33802

Funsch, Robert E., *Orthopedic* '51
6744 Clayton Rd., St. Louis, Mo. 63117

*Furman, Eric B.
Assistant in Anesthesia M.G.H.

Fuson, W. Arthur, *Radiology* '27
905½ Main St., Trenton, Mich. 64683

Gabuzda, Thomas G., *Medicine* '57
Jefferson Medical College, Philadelphia, Pa. 19107

*Gada, Preston H., *Surgery* '67
Assistant Resident in Surgery M.G.H.

Gaffney, Thomas E., *Medicine* '59
National Heart Institute, Bethesda, Md. 20014

Galbraith, Nicoll F., Jr., *Surgery* '64
808 13th Ave., Modesto, Calif. 95354

*Galdabini, James J., *Pathology* '66
Assistant Resident in Pathology M.G.H.

Gall, Edward A., *Pathology* '37
Cincinnati General Hospital, Cincinnati, Ohio 45229

Gallagher, Francis P., *Psychiatry* (McL) '66
18 Fairfax Rd., Waltham, Mass. 02154

*Gallagher, William F., Jr., *Dermatology* '67
Clinical Associate, Dermatology
36 Adams St., Quincy, Mass. 02169

*Gallia, Francis J., *Radiology* '67
Resident in Radiology M.G.H.

Gammon, William M., *Children's* '32
Central Bldg., Bristol, Tenn. 37620

Gamsu, David, *Neurosurgery* '48
56 Althea Court, Snell Parade,
Durban, Republic of South Africa

*Ganz, Robert N., *Children's* '25
Board of Consultation, Children's
Service M.G.H.

*Garcelon, Gerald G.
Clinical Associate, Surgery
2000 Washington St.,
Newton Lower Falls, Mass. 02162

*Garcia, John
Associate Biologist, Neurosurgery
M.G.H.

*Gardella, Joseph W., *Medicine* '46
Assistant Physician
25 Shattuck St., Boston, Mass.
02115

Gardiner, William J., *Medicine* '29
Toronto General Hospital,
Toronto, Canada

Gardner, George E., *Children's* '39
Judge Baker Guidance Center,
295 Longwood Ave., Boston, Mass.
02115

*Gardner, Laurence B.
Intern in Medicine M.G.H.

Gardner, Lytt I., *Children's* '47
Upstate Medical Center Hospitals,
Syracuse, N. Y. 13210

*Garland, Joseph, *Children's* '19
Medicine '21
Honorary Physician
225 Shattuck St.,
Boston, Mass. 02115

*Garran, Frank W., Jr., *Surgery* '55
Clinical Associate, Surgery
40 Lewis Bay Rd.,
Hyannis, Mass. 02601

Garren, Leonard, *Medicine* '62
Yale University School of
Medicine,
New Haven, Conn. 06520

*Garrett, John W. D., *Anesthesia* '41
Associate Anesthetist
63 Atlantic Ave., Boston, Mass.
02110

*Garrey, Walter E., *Surgery* '36
Clinical Assocate, Surgery
585 Main St., Malden, Mass.
02148

Garrigues, Henry B., *Surgery* '40
1301 Columbia St., Seattle, Wash.
98104

Garrity, Richard W., *Neurosurgery*
'50
3300 6th Ave., San Diego, Calif.
92103

Gashgai, Abdollah, *Surgery* '63
Bagh-Amjirim Emanvadeh
Shassem, Pajrish, Tehran, Iran

Gaston, Lamont W., *Medicine* '56
The Jewish Hospital,
St. Louis, Mo. 63110

Gates, Philip H., *Psychiatry* (McL)
'42
51 Brattle St.,
Cambridge, Mass. 02138

*Gauld, A. Gordon, *Surgery* '34
Clinical Associate in Obstetrics,
Gynecology
110 Francis St., Boston, Mass.
02215

Gaunt, Frank P., *Surgery* '13
203 W. Cedar Ave.,
St. Louis, Mo. 63119

Gauthier, Jacqueline, *Psychiatry* '57
Psychiatry (McL) '59
Heartbreak Rd., Ipswich, Mass.
01938

Gay, Leslie N., *Medicine* '18
1114 St. Paul St., Baltimore, Md.

*Geffin, Bennie
Assistant Anesthetist M.G.H.

*Gelb, Lawrence D.
Intern in Medicine M.G.H.

Gelehrter, Thomas D., *Medicine* '65
5908 Johnson Ave.,
Bethesda, Md. 20034

Gens, John P., *Urology* '43
71 East Ave., Norwalk, Conn. 06851

Gentry, Robert W., *Surgery* '43
65 N. Madison Ave., Pasadena, Calif. 91101

George, H. Louis, Jr., *Children's* '30
320 Holcomb St., Watertown, N. Y. 13601

George, Jack M., *Medicine* '65
Ohio State University School of Medicine, Columbus, Ohio 43210

*Gephart, F. Thomas, *Surgery* '48
Board of Consultation, Surgery
Massachusetts Medical Society, 22 Fenway, Boston, Mass. 02215

*Gergely, John
Associate Biochemist, Neurology M.G.H.

Germanos, Khalil, *Orthopedic* '63
rue Abdel Wahab el Inglizi, Beirut, Lebanon

Gevalt, Frederick C., Jr., *Medicine* '43
Sharon Clinic, Sharon, Conn. 06069

*Gezon, Horace M.
Consultant in Pediatrics
Boston City Hospital, Boston, Mass. 02118

Gibbs, Richard F., *Anesthesia* '62
Boston Lying-in Hospital, Boston, Mass. 02115

Gibson, George C., *Surgery* '44
644 Tennessee St., Vallejo, Calif. 94590

*Gibson, James M., *Pathology* '65
Assistant in Pathology M.G.H.

Gibson, John G., *Psychiatry* '51
Department of Mental Health, Queen's University of Belfast, Belfast, Northern Ireland

Giddings W. Philip
129 Elm St., Bennington, Vt. 05201

Gieske, Judith P., *Children's* '67
1021 Winding Way, Baltimore, Md. 20014

Gilbert, Allen C., *Urology* '23
Veterans Administration Hospital, Walla Walla, Wash. 99362

Giles, Robert B., Jr., *Medicine* '56
1719 Pacific Ave., Dallas, Texas 75201

*Gill, Benjamin F.
Assistant Psychiatrist
168 Homer St., Newton Centre, Mass. 02159

*Gill, Peter Lawrence
Assistant Psychologist, Psychiatry
44 Bradford Rd., Wellesley Hills, Mass. 02181

Gillies, Alastair J., *Anesthesia* '52
Strong Memorial Hospital, Rochester, N. Y. 14620

Gilmore, Edward B., *Medicine* '67
State of Colorado Department of Public Health, Denver, Colo. 80220

Ginandes, Shepard C., *Children's* '52
1441 Kapiolani Blvd., Honolulu, Hawaii 96814

Gittes, Ruben F., *Surgery* '62, *Urology* '67
UCLA School of Medicine, Los Angeles, Calif. 90024

Glass, Andrew C., *Children's* '67
National Cancer Institute, Bethesda, Md. 20014

Glendy, Margaret Moriarty, *Children's* '34
3806 Heatherton Rd., S. W., Roanoke, Va. 24014

Glendy, R. Earle, *Medicine* '34
3806 Heatherton Rd., S.W., Roanoke, Va. 24014

Glenn, William W. L., *Surgery* '46
Yale University School of Medicine, New Haven, Conn. 06520

*Glicklich, Earl A.
Assistant Dermatologist
403 Commonwealth Ave., Boston, Mass. 02215

*Glimcher, Melvin J., *Surgery* '53, *Orthopedic* '56
Chief of Orthopedic Service M.G.H.

*Glines, George A.
Clinical Associate in Pediatrics
8 Porter St., Melrose, Mass. 02176

Globus, Gordon G., *Psychiatry* (McL) '61
NIMH
5454 Wisconsin Ave., Bethesda, Md. 20014

Glotzer, Donald J., *Pathology* '59, *Surgery* '60
Beth Israel Hospital, Boston, Mass. 02115

Glover, Donald M., *Surgery* '22
10525 Carnegie Ave., Cleveland, Ohio 44106

Glueck, Charles J., *Medicine* '66
National Institutes of Health, Bethesda, Md. 20014

Godley, Anne F., *Medicine* '50
21 Sargent Crossway, Brookline, Mass. 02146

Goeringer, C. Frederick, *Orthopedic* '40
623 North Broad St., Lansdale, Pa. 19446

Goettsch, Elvira, *Children's* '31
183 Third Ave., Chula Vista, Calif. 92010

Goetz, Frederick C., *Medicine* '54
University of Minnesota Hospitals, Minneapolis, Minn. 55455

*Gold, Gerald N., *Surgery* '64, *Neurosurgery* '67
Assistant Resident in Neurosurgery M.G.H.

Goldberg, Alan H., *Anesthesia* '60
15 Stroughton St., Boston, Mass. 02118

Goldberg, Leon I., *Medicine* '58
Emory University School of Medicine, Atlanta, Ga. 30322

*Goldblatt, Allan
Assistant in Medicine; Assistant Pediatrician M.G.H.

Goldblatt, Myron E., *Medicine* '26
784 Park St., New York, N. Y. 10021

Golden, Ross, *Radiology* '21
150 South Cunstons Dr., Los Angeles, Calif. 90049

*Golden, Theodore S.
Clinical Associate in Pediatrics
250 Franklin St., Framingham, Mass. 01701

*Goldfein, Michael L.
Assistant Resident, Children's Service M.G.H.

*Goldfinger, Stephen E., *Medicine* '65
Assistant in Medicine M.G.H.

*Goldman, Gerald C.
Assistant Resident, Dermatology M.G.H.

Goldsmith, Lauren H., *Children's* '23
220 College Ave., Athens, Ga. 30601

Goldstein, Joseph L., *Medicine* '67
Assistant Resident, Medicine M.G.H.

Goldthwait, Joel C., *Pathology* '48
1180 Beacon St., Brookine, Mass. 02146

Gomatos, Peter J., *Medicine* '59
Rockefeller Institute for Medical Research, 66th and York Ave., New York, N. Y. 10021

Goodale, Fairfield, Jr., *Pathology* '54
Medical College of Virginia,
Richmond, Va. 23219

*Goodman, Derek J.
Assistant in Radiology M.G.H.

Goodson, William H., Jr., *Psychiatry* (McL) '63
1308 E. Clinton Ave.,
Huntsville, Ala. 35801

*Goodwin, John A.
Assistant in Anesthesia M.G.H.

Gordon, Arnold M., *Children's* '29
4406 Greenwood Dr.,
Des Moines, Iowa 50312

Gordon, Edgar S., *Pathology* '35
University Hospitals,
Madison, Wis. 53706

*Gordon, John E.
Consultant in Preventive Medicine
Massachusetts Institute of Technology, Clinical Research Center, Cambridge, Mass. 02139

Gordon, Philip S., *Dentistry* '55
341 Main St., West Haven, Conn. 06516

Gore, Charles P., *Psychiatry* '52
Dunollie, Station Rd.,
Menston, England

Gorman, Mary L. Gannon, *Neuropathology* '47
159 Main St., Kingston, N. Y. 12402

Gorman, Rosemary V., *Medicine* '45
626 Westminster Ave.,
Elizabeth, N. J. 07208

Gotto, Antonio M., Jr., *Medicine* '67
National Heart Institute,
Bethesda, Md. 20014

Gottschalk, Carl D., *Medicine* '52
University of North Carolina School of Medicine,
Chapel Hill, N. C. 27515

*Goudsouzian, Nishan G., *Anesthesia* '67
Assistant Resident in Anesthesia M.G.H.

Goulian, Mehran, *Medicine* '61
2050 Sharon Rd.,
Menlo Park, Calif. 94026

Graeser, James B., *Medicine* '29
298 Grand Ave., Oakland, Calif. 94610

Graham, Charles P., *Surgery* '35
Neurosurgery '36
304 North 11th St.,
Wilmington, N. C. 28401

*Graham, John R., *Medicine* '36
Clinical Associate, Medicine
Faulkner Hospital,
Jamaica Plain, Mass. 02130

Grainger, David W., *Orthopedic* '67
Virginia Mason Hospital,
Seattle, Wash., 98101

Grant, George J. M., *Dermatology* '32
9 Central St., Lowell, Mass. 01852

Grant, Lester H., *Medicine* '57
New York University Medical Center, New York, N. Y. 10016

*Grave, Gilman D., *Medicine* '67
Assistant Resident, Medicine M.G.H.

*Gray, Basil C.
Clinical Associate, Dermatology
3 Seaward Rd.,
Wellesley Hills, Mass. 02181

Gray, Sheila H., *Psychiatry* (McL) '61
500 W. Montgomery Ave.,
Rockville, Md. 20850

Graybiel, Ashton, *Medicine* '32
Box 4063, Warington, Fla. 32507

Greeley, Hugh P., *Medicine* '10
1901 Monroe St., Madison, Wis. 53711

*Green, Sidney, *Psychiatry* (McL) '65
Clinical Associate in Psychiatry
1935 Beacon St.,
Waban, Mass. 02168

*Green, Thomas H., Jr., *Surgery* '53
Associate Visiting Surgeon
226 Marlborough St.,
Boston, Mass. 02116

Green, William T., Jr., *Orthopedic* '66
Children's Hospital Medical Center, Boston, Mass. 02115

*Greenberg, Doris M., *Children's* '67
Assistant Resident Children's Service M.G.H.

Greenberg, Jack J., *Surgery* '64
Mount Sinai Hospital,
Miami Beach, Fla. 33140

Greenberg, Martin H., *Children's* '67
Boston Lying-In Hospital,
221 Longwood Ave.,
Boston, Mass. 02115

*Greenberg, Ramon M.
Assistant Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Greene, D. Crosby, Jr., *Children's* '40
Rosewood Hospital,
Owing Mills, Md. 21117

Greene, Gerald S., *Orthopedic* '48
85 Jefferson St., Hartford, Conn. 06103

Greene, Martin L., *Medicine* '67
National Institutes of Health,
Bethesda, Md. 20014

Greene, Nicholas M., *Anesthesia* '51
Grace-New Haven Community Hospital, New Haven, Conn. 06504

*Greene, Reginald E., *Radiology* '67
Resident in Radiology M.G.H.

Greene, Richard W., *Medicine* '45
600 E. Genesee St.,
Syracuse, N. Y. 13202

Greene, Robert G., *Orthopedic* '53
63 S. Fullerton Ave.,
Montclair, N. J. 07042

Greenhill, Maurice H., *Psychiatry* '39
Director of Psychiatric Services,
The hospital of the Albert Einstein College of Medicine,
1825 Eastchester Rd.,
Bronx, N. Y. 10461

Greenleaf, David T., *Children's* '67
University Hospital, 136 Harrison Ave., Boston, Mass. 02111

Greenwood, Frederick A. H., *Orthopedic* '59
Montreal General Hospital,
Montreal, Canada

Greep, Jacobus M., *Surgery* '64
Lisztlaan, Rotterdam 13,
The Netherlands

*Gregg, Ward I., *Surgery* '35
Board of Consultation, Surgery
1269 Beacon St.,
Brookline, Mass. 02146

Gregory, Harold E., *Children's* '42
248 Court St., Keene, N. H. 03431

Gregory, Robert A., *Neurology* '33
Provincial Hospital, Lancaster,
New Brunswick, Canada

*Greisman, John J., *Urology* '67
Assistant Resident in Urology M.G.H.

Grier, Robert S., *Medicine* '43
4925 Trinity Dr.,
Los Alamos, N. M. 87544

*Griesemer, Robert D., *Dermatology* '49
Assistant Dermatologist
Peter Bent Brigham Hospital,
Boston, Mass. 02115

*Griffith, David D.
Resident in Psychiatry (McL)
McLean Hospital,
Belmont, Mass. 02178

Griffith, Donald P., *Surgery* '64
243 Charles St., Boston, Mass.
02114

Griffith, John F., *Neurology* '65
M.G.H.

Griggs, John B., *Children's* '29
Breezy Hill Rd., R.D.
Collinsville, Conn. 06022

*Grillo, Hermes C., *Surgery* '55
Associate Visiting Surgeon
M.G.H.

Griner, Paul F., *Medicine* '64
457 Park Ave.,
Rochester, N. Y. 14607

Griscom, Nathan T., *Children's* '58
Radiology '63
Clinical Associate, Radiology
Children's Hospital Medical
Center, Boston, Mass. 02115

*Gross, Brian H., *Anesthesia* '67
Assistant Resident in Anesthesia
M.G.H.

*Gross, Jerome
Biologist, Medicine M.G.H.

Grossman, Milton S., *Children's* '59
University of Maryland School of
Medicine, Baltimore, Md. 21201

*Grove-Rasmussen, Morton
Director of Blood Bank and
Transfusion Service M.G.H.

*Grover, John W., *Surgery* '59
Assistant in Surgery M.G.H.

Groves, Laurence K., *Surgery* '47
Cleveland Clinic Foundation,
2020 East 93rd St.,
Cleveland, Ohio 44106

Grunebaum, Henry U., *Psychiatry*
(McL) '60
17 Robinson St.,
Cambridge, Mass. 02138

Guardo, James L., *Neurosurgery* '31
5 Aldwin Rd., Roslindale, Mass.
02131

Guiney, Edward J., *Surgery* '64
36 Merlyn Rd., Dublin, Ireland

Guller, Erastus I., *Children's* '24
22 Hamilton St.,
Hamilton, N. Y. 13346

Gundersen, A. Erik, *Surgery* '62
Gundersen Clinic, La Crosse, Wis.
54601

Gundersen, Adolf L., *Surgery* '55
Gundersen Clinic, La Crosse, Wis.
54601

Gundersen, Sigurd B., Jr., *Surgery*
'54
Gundersen Clinic, La Crosse, Wis.
54601

Gundersen, Sven M., *Medicine* '31
Hitchcock Clinic, Hanover, N. H.
03755

Gundersen, Thorolf E., *Neurology*
'41
Gundersen Clinic, La Crosse, Wis.
54601

*Guralnick, Walter C.
Chief of Dept. of Oral Surgery
188 Longwood Ave.,
Boston, Mass. 02115

*Guthrie, Andrew D., Jr.
Assistant Pediatrician
13 Bradlee Rd., Medford, Mass.
02155

Guyton, Arthur C., *Surgery* '46
University of Mississippi Medical
Center, Jackson, Miss. 39216

*Haber, Edgar, *Medicine* '62
Associate Physician M.G.H.

*Hackett, Thomas P.
Assocate Psychiatrist M.G.H.

Haendel, Frank, *Psychiatry*
(McL) '65
Pinebrook Farm, Brook St.,
Carlisle, Mass. 01741

*Haessler, Herbert A., *Children's* '60
Assistant Pediatrician M.G.H.

Haggart, G. Edmund, *Medicine* '20
Jordan Hospital, Plymouth, Mass. 02360

*Hagopian, Peter B.
Clinical Associate, Psychiatry
Danvers State Hospital,
Hathorne, Mass. 01937

Haines, Samuel F., *Medicine* '21
Mayo Clinic, Rochester, Minn 55901

*Hairabet, John K.
Assistant Resident, Anesthesia
M.G.H.

Hajek, Joseph V., *Surgery* '67
Hostipal For Special Surgery,
New York, N. Y. 10021

Hakala, Thomas R., *Surgery* '63,
Urology '67
M.G.H.

Hale, Clayton H., *Radiology* '43
1200 E. Genesee St.,
Syrcause, N. Y. 13210

Hall, Buford, *Medicine* '46
40 S. Clay St., Hinsdale, Ill. 60521

Hall, Francis C., *Medicine* '18
1180 Beacon St., Brookline, Mass. 02146

Hall, Hugh D., *Dentistry* '59
University of Alabama Medical Center, Birmingham, Ala. 35233

Hall, Marshall G., *Pathology* '34
Orford, N. H. 03777

Hall, Robert G., *Medicine* '10
731 South East 41st St.,
Portland, Ore. 97214

Hall, Thomas C., *Medicine* '54
35 Binney St., Boston, Mass. 02115

*Halldorsson, Thorlakur S.,
Children's '67
M.G.H.

Hallenbeck, Dorr F., Jr., *Psychiatry* '49, *Psychiatry* (McL) '51
Lowell Rd., Concord, Mass. 01742

Hallgrimsson, Jonas, *Pathology* '64
University of Iceland, P.O. Box 150, Reykjavik, Iceland

*Hallowell, Phillips, *Anesthesia* '55
Anesthetist M.G.H.

Halsted, James A., *Medicine* '32
Veterans Administration,
Central Office, Washington, D.C. 20420

Halverstadt, Donald B., *Surgery* 61, *Urology* '66
University of Oklahoma Medical Center, Oklahoma City, Okla. 73104

Hamilton, Harold H., *Surgery* '33
70 Court St., Plymouth, Mass. 02360

Hamilton, Howard B., *Children's* '45
901 S. Emerson Ave.,
Indianapolis, Ind. 46203

*Hamlin, Edward, Jr., *Surgery* '39
Visiting Surgeon M.G.H.

*Hamlin, Hannibal, *Neurosurgery* '42
Assistant Neurosurgeon
270 Benefit St., Providence, R. I. 02903

*Hammond, Graeme L., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Hammond, William, *Pathology* '29
36 Crane Rd., Scarsdale, N. Y. 10583

*Hanelin, Joseph
Clinical Associate, Radiology
27 W. Central St., Natick, Mass. 01760

Hansen, Robert H., *Anesthesia* '57
286 Marion Dr., Baton Rouge, La. 70806

*Hansen, Robert J.
Consultant to Orthopedic Service
Massachusetts Institute of Technology, Cambridge, Mass. 02139

Hanser, Theodore H., *Medicine* '24
3701 Grandel Sq., St. Louis, Mo. 63108

Haralambie, James Q., *Children's* '36
32 Bonnie Way, Larchmont, N. Y. 10538

Harden, Lewis B., *Dental Medicine* '66
2709 Rainbow Dr.,
Cedar Falls, Iowa 50613

Harder, Hans J., *Anesthesia* '52
Schwabiner Krankenhaus,
Städt, Sparkassse, München 23, Germany

*Hardy, Harriet L.
Associate Physician
Medical Department, Massachusetts Institute of Technology, Cambridge, Mass. 02139

*Hardy, Irad B., *Surgery* '42
Clinical Associate, Surgery
84 South St.,
Waltham, Mass. 02154

Harper, David T., Jr., *Medicine* '63
1785-C Northwest Court,
Columbus, Ohio 43212

Harper, Robert S., *Pathology* '58
Memorial Hospital,
119 Belmont St., Worcester, Mass. 01605

Harrington, John T., Jr., *Medicine* '67
National Cancer Institute,
Bethesda, Md. 20014

Harris, Eddie H., *Psychiatry* '64, *Psychiatry* (McL) '65
M.G.H.

Harris, Edward D., Jr., *Medicine* '67
M.G.H.

Harris, H. Patterson, Jr., *Neurosurgery* '36
1432 Post Rd., Fairfield, Conn. 06430

*Harris, Jerry L., *Pathology* '67
Assistant Resident, Pathology
M.G.H.

Harris, W. Robert, *Orthopedic* '52
170 St. George St.,
Toronto, Canada

*Harris, William H., *Orthopedic* '59
Associate Orthopedic Surgeon
266 Beacon St., Boston, Mass. 02116

Harrison, Elizabeth R., *Children's* '29
255 Bradley St.,
New Haven, Conn. 06510

Harrison, Marlow B., *Medicine* '38
2000 Van Ness Ave.,
San Francisco, Calif. 94109

Harrison, Timothy S., *Surgery* '59
University Hospital,
Ann Arbor, Mich. 48104

Harter, John S., *Surgery* '35
Medical Arts Bldg.,
Louisville, Ky. 40217

*Harthorne, J. Warren
Assistant in Medicine M.G.H.

Harting, Donald, *Children's* '47
National Institutes of Health,
Bethesda, Md. 20014

Hartwig, Arthur R., *Orthopedic* '48
490 Post St.,
San Francisco, Calif. 94102

Harty, John E., *Psychiatry* (McL) '39
R-3, Route 6,
Southbury, Conn. 06488

Harvey, Richard B., *Medicine* '46
251 Edwards St.,
New Haven, Conn. 06511

*Harwood, Reed, *Medicine* '36
Associate Physician M.G.H.

*Haschemeyer, Audrey E. V.
Assistant Biologist, Medicine
M.G.H.

Hashimoto, Ken, *Dermatology* '59
Boston Dispensary,
25 Bennet St., Boston, Mass.
02128

Haskins, Bruce J., *Radiology* '67
Womack Army Hospital, Fort
Bragg, Fayetteville, N. C. 28304

Haswell, Howard P., *Anesthesia* '49
123 Mountain View Ave.,
San Rafael, Calif. 94901

Hathaway, John S., *Medicine* '32
435 College St.,
New Haven, Conn. 06520

*Hauser, George P.
Associate Biochemist (McL)
McLean Hospital, Belmont, Mass.
02178

Haut, Arthur, *Medicine* '53
University of Arkansas Medical
Center, Little Rock, Ark. 72201

Havemeyer, William F., *Surgery* '48
P.O. Box 6362,
San Diego, Calif. 92106

Hawes, Cornelius H., *Surgery* '31
458 Maple St.,
Fall River, Mass. 02720

Hawes, Lloyd E., *Medicine* '39
Children's '40, *Radiology* '42
Peter Bent Brigham Hospital,
Boston, Mass. 02115

Hawkes, Richard S., *Medicine* '33
233 Vaughan St.,
Portland, Me. 04102

Hawkins, Ralph L., *Neurosurgery*
'48
571 Hamilton Ave.,
Palo Alto, Calif. 94301

*Haycox, James A.
Associate Attending Psychiatrist
(McL)
McLean Hospital, Belmont, Mass.
02178

*Hayden, E. Parker, *Surgery* '23
Honorary Surgeon
249 Commonwealth Ave.,
Boston, Mass. 02116

Hayden, John W., *Orthopedic* '55
Gunderson Clinic, La Crosse, Wis.
54601

Hayes, Donald R., *Surgery* '39
281 State St., Springfield, Mass.
01105

Haynes, Ruth C., *Anesthesia* '55
4857 Green Acres Dr.,
Columbus, Ohio 43221

Haynes, Walter M., *Surgery* '56
4857 Green Acres Dr.,
Columbus, Ohio 43221

*Hazard, Gerald W., *Children's* '65
Clinical Associate in Pediatrics
25 Park Square, Hyannis, Mass.
02601

*Head, John M., *Surgery* '57
Assistant Surgeon
Zero Emerson Pl., Boston, Mass.

Healey, James C., *Psychiatry*
(McL) '61
49 Glenbrook Rd.,
Stamford, Conn. 06902

Heath, Clark W., *Medicine* '28
Corn Hill Rd., Box 103,
Truro, Mass. 02666

Heath, Parker, Jr., *Medicine* '54
Concord Medical Center,
Concord, Mass. 01742

Heath, Robert D., *Orthopedic* '50
Lankenau Medical Bldg.,
Philadelphia, Pa. 19151

Herbertson, Wayne M., *Neurology*
'57
975 East 1st St., South,
Salt Lake City, Utah, 84102

*Hedberg, Stephen E., *Surgery* '62
Assistant Surgeon
Zero Emerson Pl., Boston, Mass.
02114

*Hedley-Whyte, John
Associate Anesthetist M.G.H.

Heffron, Roderick, *Medicine* '31
The Commonwealth Fund,
1 East 75th St., New York, N. Y.
10021

Heggie, John F., *Medicine* '56
190 N. Roosevelt Ave.,
Columbus, Ohio 43209

*Heilbronn, Yechiel D., *Neurosurgery* '66
Assistant Resident, Neurosurgery
M.G.H.

*Helfant, Murray H., *Neurosurgery* '65
Clinical Associate in Neurosurgery
118 Union Ave.,
Framingham, Mass. 01701

Helgeson, Norman G. P., *Pathology* '66
Baylor University Medical
Center, Dallas, Texas 75246

*Heller, Richard M., *Radiology* '67
Assistant Resident in Radiology
M.G.H.

*Helman, Milton E.
Assistant Dermatologist
1874 Beacon St., Brookline, Mass.
02146

Helmholz, Henry F., Jr., *Medicine* '39
Mayo Clinic, Rochester, Minn.
55901

Henderson, Brian E., *Medicine* '64
Department of Virology,
Communicable Disease Center,
Atlanta, Ga. 30333

*Hendren, W. Hardy, *Surgery* '58
Associate Visiting Surgeon
M.G.H.

Hendrick, Ives, *Psychiatry* (McL) '32
84 Mount Vernon St.,
Boston, Mass. 02108

Henley, Thomas F., *Children's* '39
7 East 78th St., New York, N. Y.
10021

*Henneman, Elwood
Neurophysiologist, Neurology
25 Shattuck St., Boston, Mass.
02115

*Hennessey, John W.
Assistant Resident, Anesthesia
M.G.H.

Henry, William B., *Children's* '67
Womack Army Hospital, Fort
Bragg, Fayetteville, N. C. 28304

Hepburn, Robert H., *Urology* '43
85 Jefferson St.,
Hartford, Conn. 06103

Herberman, Ronald B., *Medicine* '66
National Cancer Institute,
Bethesda, Md. 20014

*Herbst, Arthur L., *Surgery* '62
Assistant in Surgery
M.G.H.

Herman, Albert E., *Psychiatry* (McL) '63
6516 Winnepeg Road,
Bethesda, Md. 20034

Hermann, Gilbert, *Surgery* '61
3865 Cherry Creek N. Dr.,
Denver, Colo. 80209

*Hermann, Howard T.
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

Herrmann, John B., *Surgery* '62
Veterans Administration Hospital,
Washington, D.C. 2007

Herrera, Rudolfe E., *Surgery* '46
Hospital Herrera-Llerandi,
6a Ave. 8-71 Zona 10,
Guatemala City, Guatemala

*Hershberg Robert A., *Pathology* '67
Assistant Resident, Pathology
M.G.H.

Hershey, Falls B., *Surgery* '52
185 S. Kingshighway,
St. Louis, Mo. 63108

*Herzan, Helen M.
Assistant Psychiatrist
226 Pleasant St.,
Arlington, Mass. 02174

*Herzberg, Joseph H.
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Hess, Helen H.
Associate Neuropathologist (McL)
McLean Hospital, Belmont, Mass. 02178

Heyl, Henry L., *Neurosurgery* '40
Dartmouth Medical School,
Hanover, N .H. 03755

Heyl, James T., *Medicine* '39
Phillips Exeter Academy,
Exeter, N. H. 03833

Hiden, Robert B., *Medicine* '25
Silver Hill Foundation,
New Canaan, Conn. 06841

*Hiebert, Clement A., *Surgery* '58
Clinical Associate, Surgery
18 Bramhall St.,
Portland, Maine 04102

Hiebert, John M., *Children's* '33
1450 Broadway, New York, N. Y. 10018

Hiett, Joan Kazanjian, *Children's* '59
1101 E. Pecan St., Altus, Okla. 73521

Higbee, Daniel R., *Medicine* '25
Republic Bldg., Denver, Colo. 80202

Higgins, Robert B., *Urology* '51
23 Mosher St., South Dartmouth, Mass. 02748

Hill, Leonard W., *Children's* '35
78 Bank St., Attleboro, Mass. 02703

Hill, Lewis W., *Medicine* '15
319 Longwood Ave.,
Boston, Mass. 02115

*Hill, Marjorie J.
Assistant in Psychology, Psychiatry M.G.H.

Hill, Norman P., *Medicine* '46
Truesdale Hospital,
Fall River, Mass. 02720

*Hill, William R., Jr.
Clinical Associate, Dermatology M.G.H.

Hills, Henry M., Jr., *Orthopedic* '42
1308 Quarrier St., East,
Charleston, W. Va. 25301

Hills, Oscar W., *Medicine* '43
32 North San Mateo Dr.,
San Mateo, Calif. 94401

Hinshaw, Arvil J., *Surgery* '47
3155 Stagg Dr., Beaumont, Texas 77701

Hirschhorn, Richard C., *Urology* '64
Hahnemann Medical College and Hospital, Philadelphia, Pa.
Hospital, Philadelphia, Pa. 19102

Hirschman, Shalom Z., *Medicine* '63
Presbyterian Hospital,
New York, N. Y. 10037

Hitchcock, James, *Medicine* '21
Greenville, R.F.D., N. H. 03048

Hobson, Lawrence B., *Medicine* '44
745 5th Ave., New York, N. Y. 10022

Hochwalt, W. Richard, *Orthopedic* '31
2300 Far Hills Ave., Dayton, Ohio 45419

*Hodge, Alan J.
Visiting Biophysicist, Orthopedic M.G.H.

Hodges, T. Wiley, *Orthopedic* '41
9323 Garland Rd., Dallas, Texas 75218

*Hodgson, John S., *Surgery* '20
Honorary Surgeon
13 Jefferson Rd., Chestnut Hill, Mass. 02167

Hoeffel, Gerald N., *Children's* '23
30 Dean Rd., Brookline, Mass. 02146

Hofer, Myron A., II, *Medicine* '60
New York State Psychiatric Institute, New York, N. Y. 10032

Hoffer, Alex, *Medicine* '62
10676 Weymouth St., Bethesda, Md. 20014

Hoffman, Nancy Davis, *Anesthesia* '60
130 North West 97th St., Miami Shores, Fla. 33153

Hogan, John F., *Medicine* '49, *Children's* '51
156 Broadway, Pawtucket, R. I. 02860

Holbrook, Arthur A., *Children's* '33, *Medicine* '34
425 E. Wisconsin Ave., Milwaukee, Wis. 53202

*Holder, Richmond, *Medicine* '45, *Psychiatry* '46
Associate Psychiatrist; Associate Attending Psychiatrist (McL)
412 Beacon St., Boston, Mass. 02115

Holihan, Joseph P., *Surgery* '43, *Anesthesia* '49
281 Haverhill St., Lawrence, Mass. 01840

*Holland, Daniel J., Jr., *Dentistry* '47
Clinical Associate, Oral Surgery
1037 Beacon St., Brookline, Mass. 02146

Holland, Jimmie C. B., *Psychiatry* '55
Edward J. Meyer Memorial Hospital, Buffalo, N. Y. 14215

Hollander, Joshua, *Neurology* '63
Baltimore City Hospitals, Department of Gerontology, Baltimore, Md. 21224

*Holmes, Joseph A., *Pathology* '36, *Surgery* '38
Clinical Associate, Surgery
84 South St., Waltham, Mass. 02154

Holmes, Lewis B., *Children's* '66
U.S. Public Health Service Hospital, Staten Island, N. Y. 10304

Holmes, R. Brian, *Radiology* '50
Toronto General Hospital, Toronto, Canada

Holmes, S. Grant, *Children's* '43
R.F.D. 4, Box 218-H, Pensacola, Fla. 32503

Holt, Charles L., *Neurosurgery* '38
29 Deering St., Portland, Maine 04101

Holt, William L., Jr., *Neurology* '37
Albany Medical Center Hospital, Albany, N. Y. 12208

Holtz, Albert I., *Children's* '58
7600 Tyrone Ave., Van Nuys, Calif. 91402

*Homans, John, Jr., *Medicine* '46
Assistant in Medicine
1776 Beacon St., Brookline, Mass. 02146

*Hoover, Terrence D.
Clinical Associate, Oral Surgery
Concord Medical Center, Concord, Mass. 01742

Hopkins, Cyrus C., *Medicine* '66
Communicable Disease Center, Atlanta, Ga. 30333

Hopkins, Charles E., *Children's* '48
1313 Fish Hatchery Rd., Madison, Wis. 53715

Hopkins, Frederick S., *Surgery* '19
146 Chestnut St.,
Springfield, Mass. 01103

Hopkins, Robert P., *Psychiatry* (McL) '67
M.G.H.

Hopkins, Robert W., *Surgery* '54
3395 Scranton Rd.,
Cleveland, Ohio 44109

Hopkins, Stanford W., *Surgery* '36
28 Orne St., Marblehead, Mass. 01946

*Hori, Yoshioki
Assistant in Biochemistry, Dermatology M.G.H.

Hormell, Robert S., *Orthopedic* '42
1152 Beacon St., Brookline, Mass. 02146

Horn, Carl E., *Orthopedic* '42
5301 F St., Sacramento, Calif. 95819

Horwitz, William H., *Psychiatry* (McL) '51
R.F.D. 1, Box 59, Mill Pond Rd.,
Washington, N. J. 07882

*House, James M.
Assistant Resident, Surgery
M.G.H.

Hovsepian, Jeannette A., *Radiology* '58
Veterans Administration Hospital,
Palo Alto, Calif. 94304

Howard, Fred H., *Children's* '50
222 Bayside, Clearwater,
Fla. 33515

Howard, Herbert H., *Surgery* '14
P.O. Box 2522, Delray Beach, Fla. 33444

Howard, John E., *Medicine* '30
Johns Hopkins Hospital,
Baltimore, Md. 21205

Howard, Philip J., Jr., *Urology* '66
Memorial Hospital,
Worcester, Mass. 01605

*Howard, Paul M., *Psychiatry* '37, *Psychiatry* (McL) '39
Psychiatrist; Associate Director of Clinical Psychiatry (McL)
McLean Hospital, Belmont, Mass. 02178

*Howe, Henry D., *Dentistry* '45
Dental Surgeon
196 Marlborough St.,
Boston, Mass. 02116

Howe, Henry F., *Surgery* '34
Department of Occupational Health,
American Medical Association
535 Dearborn St., Chicago, Ill. 60610

*Howry, Douglass H.
Assistant Radiologist M.G.H.

Hoyt, W. Fenn, *Surgery* '34
130 Maple St., Springfield, Mass. 01103

Hubbard, Eliot, Jr., *Medicine* '21
29 Highland St.
Cambridge, Mass. 02138

Huber, William M., *Dermatology* '37
90 Commonwealth Ave.,
Boston, Mass. 02116

Huckell, John R., *Orthopedic* '58
220 Physicians and Surgeons Bldg., 8405 112th St., Edmonton, Alberta, Canada

*Huddleston, James I.
Assistant Resident, Orthopedic
M.G.H.

*Hudson, Carlos
Assistant Attending Psychiatrist (McL)
Beaverbrook Guidance Center,
Belmont, Mass. 02178

Hugenberger, Paul W., *Pathology* '32, *Orthopedic* '35
234 Marlborough St.,
Boston, Mass. 02116

*Huggins, Charles E., *Surgery* '60
Assistant Surgeon; Assistant Director of Blood Bank and Transfusion Service M.G.H.

Hughes, Harry C., *Orthopedic* '37
1750 Race St., Denver, Colo. 80206

Hughes, James R., *Medicine* '61
All-India Institute of Hygiene and Public Health, 110 Chittaranjan Ave., Calcutta 12, India

Hügin, Werner, *Anesthesia* '48
Chir Klink im Burgerspital, Basel, Switzerland

Hummel, L. Edgar, *Pathology* '32
Edward J. Meyer Memorial Hospital, Buffalo, N. Y. 14215

Humphreys, Storer P., *Orthopedic* '36, *Neurosurgery* '37
266 Beacon St., Boston, Mass. 02116

Hunt, Richard T. N., *Pathology* '58
Samuel Merritt Hospital, Oakland, Calif. 94606

Hunt, Samuel P., *Psychiatry* '40
158 Whitney Ave., New Haven, Conn. 06510

Hunter, Ralph W., *Neurology* '39
Hitchcock Clinic, Hanover, N. H. 03755

Huntington, Benjamin L., *Medicine* '40
200 Berkeley St., Boston, Mass. 02115

Huntington, James L., *Surgery* '08
River Dr., Hadley, Mass. 01035

Hüppe, Justin R., *Radiology* '57
Prinzregentenstrasse, 66, Munich, Germany

*Hurston, Ronald O., *Psychiatry* (McL) '67
63 Parson St., Brighton, Mass. 02135

Hurxthal, Lewis M., *Medicine* '27
Lahey Foundation, 605 Commonwealth Ave., Boston, Mass. 02215

Huston, Lewis L., *Orthopedic* '37
67 Converse St., Longmeadow, Mass. 01106

*Hutcheson, Bellenden R.
Clinical Associate, Psychiatry
91-A Mount Vernon St., Boston, Mass. 02108

Hutton, John J., Jr., *Medicine* '65
National Heart Institute, Bethesda, Md. 20014

*Hyslop, Newton E., Jr., *Medicine* '63
Assistant in Medicine M.G.H.

Ibsen, Bjørn, *Anesthesia* '50
Anaesthesiologisk afd. Kommunehospitalet K, Copenhagen, Denmark

Ilfeld, Frederick W., *Orthopedic* '37
436 N. Roxbury Dr., Beverly Hills, Calif. 90210

*Imbembo, Anthony L.
Intern in Surgery M.G.H.

Ingalls, Theodore H., *Children's* '38
52 Oaks Rd., Framnigham, Mass. 01701

*Ingersoll, Francis M., *Surgery* '42
Visiting Surgeon
226 Marlborough St., Boston, Mass. 02116

*Irwin, John W.
Assistant in Medicine
243 Charles St., Boston, Mass. 02114

*Irwin, Robert J., Jr.
Intern in Surgery M.G.H.

Isaacs, James P., *Anesthesia* '52
727 Juniper St., N. E., Atlanta, Ga. 30308

*Isenberg, Philip L.
Assistant Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Isselbacher, Kurt J., *Medicine* '53
Physician M.G.H.

Jabaley, Michael E., *Surgery* '65
1520 McElderry St.,
Baltimore, Md. 21205

Jackanich, Richard F., *Anesthesia* '59
U.S. Public Health Service Hospital, San Francisco, Calif. 94118

Jackson, Benjamin B., Surgery '57
Heyburn Bldg., Louisville, Ky. 40202

Jackson, Henry, Jr., *Medicine* '19
84 Glendale Rd., Needham, Mass. 02192

Jackson, Lee, *Psychiatry* (McL) '59
1018 Forest Dr., Wooster, Ohio 44691

Jackson, Stephen H., *Anesthesia* '67
National Institutes of Health, Bethesda, Md. 20014

*Jacobs, Edward E., Jr., *Surgery* '67
Assistant Resident, Surgery M.G.H.

*Jacobson, Bernard M.
Physician M.G.H.

Jacobson, Gary, *Psychiatry* (McL) '65
Beth Israel Hospital, Boston, Mass. 02215

Jacoby, George A., Jr., *Medicine* '64
Assistant in Medicine M.G.H.

*Jakab, Irene
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*James A. Everette, Jr., *Radiology* '67
Assistant Resident in Radiology M.G.H.

James, G. Watson, III, *Medicine* '44
Medical College of Virginia, Richmond, Va. 23219

James, Lewis P., Jr., *Pathology* '63
Memorial Hospital,
Worcester, Mass. 01605

James, William J., *Neurosurgery* '49
2929 Loma Vista Rd.,
Ventura, Calif. 93003

Jamison, Rex L., *Medicine* '62
7733 Kingsbury,
St. Louis, Mo. 63105

*Jang, Geun C.
Assistant Resident, Radiology M.G.H.

Janis, Kenneth M., *Anesthesia* '67
Stanford Medical Center,
Palo Alto, Calif. 94304

*Janower, Murray L., *Radiology* '63
Assistant Radiologist M.G.H.

*Jarrett, Fredric
Intern in Surgery M.G.H.

Javid, Manucher, *Neurosurgery* '52
University Hospital, Madison, Wis. 53706

*Jeanloz, Roger W.
Biochemist, Medicine M.G.H.

Jefferies, William McK., *Medicine* '42
3550 Warrens Village Center,
Cleveland, Ohio 44122

*Jenkins, Charles K., *Radiology* '67
Resident in Radiology M.G.H.
M.G.H.

Jenkins, Marion T., *Anesthesia* '48
University of Texas Southwestern Medical School, Dallas, Texas 75235

*Jenney, Peter B.
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

Jergesen, Floyd H., *Orthopedic* '42
384 Post St., San Francisco, Calf.
94108

Jessner, Lucie, *Psychiatry* (McL)
'39
3640 Appleton St., N.W.
Washington, D.C. 20008

Jobe, Merrill C., *Children's* '24
2100 S. St. Paul St.,
Denver, Colo. 80210

Johnson, Dale G., *Surgery* '61
383 Tavistock Blvd.,
Haddonfield, N. J. 08033

Johnson, Eric H., *Surgery* '67
National Institutes of Health,
Bethesda, Md. 20014

Johnson, F. George, *Dentistry* '43
94 Goodman Hill Rd.,
Sudbury, Mass. 01776

Johnson, Louis F., *Anesthesia* '54
European Office of Aerospace
Research, A.P.O. New York,
N. Y. 09667

Johnson, Louis G., *Pathology* '40
Medicine '42
Royal Victoria Hospital,
Montreal, Canada

Johnson, Norman P., *Medicine* '25
1701 Irving Ave., South,
Minneapolis, Minn. 55411

Johnson, Oscar R., *Dermatology* '31
18 Deering St., Portland, Maine
04101

Johnson, Paul R., *Pathology* '36
85 Jefferson St., Hartford, Conn.
06103

Johnson, Richard T., *Neurology* '60
John Curtin School of Medical
Research, Australia National
University, Canberra, Australia

Johnson, Verner S., *Orthopedic* '55
33 Oak Ave., Worcester, Mass.
01609

Johnston, Edward V., *Surgery* '47
312 West 8th Ave.,
Spokane, Wash. 99204

Jones, Basil B., *Medicine* '18,
Children's '19
526 North Blvd., Richmond, Va.
23220

*Jones, Chester M., *Medicine* '21
Honorary Physician
25 Shattuck St., Boston, Mass.
02115

Jones, Frank S., *Orthopedic* '32
81 South Main St.,
West Hartford, Conn. 06107

Jones, Gordon E., *Surgery* '42
108 West 22nd St.,
Olympia, Wash. 98502

*Jones, H. Walter, Jr.
Assistant Physician
330 Dartmouth St., Boston, Mass.
02116

Jones, Robert H., *Medicine* '59
University of Rochester School
of Medicine and Dentistry,
Rochester, N. Y. 14620

Jones, Thomas B., *Surgery* '24
207 John Pinckney Lane,
Williamsburg, Va. 23185

*Jones, Wallace A., *Pathology* '59
Clinical Associate, Pathology
M.G.H.

Jones, William N., *Orthopedic* '54
461 Ocean Ave.,
New London, Conn. 06320

*Jones, Wm. Norman, *Orthopedic* '47
Assistant Orthopedic Surgeon
M.G.H.

*Joplin, Robert J., *Pathology* '29
Orthopedic '33
Board of Consultation, Orthopedic
Zero Emerson Pl., Boston, Mass. 02114

Jordan, Earl F., *Neurosurgery* '63
3830 Eileen Drive,
Cincinnati, Ohio 45209

Jordan, William R., *Medicine* '30
1631 Monument Ave.,
Richmond, Va. 23220

Joseph, Alfred T., *Dentistry* '41
16 Clarke St., Lexington, Mass. 02173

*Joseph, John B., *Children's* '62
Assistant in Pediatrics M.G.H.

Josse, John W., *Medicine* '58
974 Elsinore Ave.,
Palo Alto, Calif. 94303

Judd, Alvan B., *Surgery* '55
812 Broad St.,
Shrewsbury, N. J. 07701

Judd, James M., *Surgery* '45,
Neurosurgery '46
Murray Hill, Mount Morris, N. Y.

Justi, Raymond A., *Pathology* '56
Jackson Memorial Hospital,
Miami, Fla. 33136

*Kabbani, Mahmoud M., *Urology* '67
Assistant Resident in Urology M.G.H.

Kacki, Janusz F., *Anesthesia* '66
U1. Grojecka 65a M. 34,
Warsaw, 22 Poland

*Kagan, Jerome
Psychologist, Children's Service
135 Goden St., Belmont, Mass. 02178

Kahan, Barry D., *Surgery* '66
National Institutes of Health,
Bethesda, Md. 20014

Kahana, Eda M., *Psychiatry* (McL) '59
9 Elba St., Brookline, Mass. 02146

Kahn, David S., *Pathology* '50
St. Mary's Hospital,
Montreal, Canada

*Kahne, Merton J.
Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Kalckar, Herman M.
Henry S. Welcome Research Biochemist, Biochemical Research M.G.H.

Kalil, Toufic H., *Radiology* '46
795 Elm St., Manchester, N. H. 03101

*Kane, Lewis W., *Medicine* '41
Assistant in Medicine M.G.H.

Kantor, Martin J., *Psychiatry* '60
Hillsdale Hospital,
Glen Oaks, N. Y. 11004

Kantrowitz, Paul A., *Medicine* '64
Boston City Hospital,
Boston, Mass. 02118

*Kaplan, Samuel
Assistant Psychiatrist
38 Hyde St.,
Newton Highlands, Mass. 02161

*Karavolas, Harry J.
Assistant in Biochemistry, Medicine M.G.H.

Karchmer, Adolf W., *Medicine* '66
Box 1540
State Department of Health,
Trenton, N. J. 08625

Karian, Edward, *Dermatology* '55
358 Commonwealth Ave.,
Boston, Mass. 02115

*Kark, R. A. Pietre
Assistant Resident, Neurology M.G.H.

Karnes, William E., *Neurology* '58
Mayo Clinic, Rochester, Minn. 55901

Kartchner, Mark M., *Surgery* '64
Wilmot Medical Center,
601 N. Wilmot St., Tucson, Ariz. 85711

Katz, Arnold M., *Medicine* '60
630 West 168th St.,
New York, N. Y. 10032

*Katz, Elton P.
Assistant Physical Chemist, Orthopedic Surgery M.G.H.

Katz, Samuel L., *Children's* '55
Children's Hospital Medical Center, Boston, Mass. 02115

Kaufman, Herbert E., *Medicine* '57
J. Hillis Miller Health Center, University of Florida, Gainesville, Fla. 32603

*Kaufman, Irving
Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Kaufman, M. Ralph, *Psychiatry* (McL) '33
Mount Sinai Hospital,
New York, N. Y. 10029

Kaufmann, Gustav G., *Medicine* '41
15 Dix St., Winchester, Mass. 02152

*Kayce, Melvin M.
Assistant Attending Psychiatrist (McL)
1633 Commonwealth Ave.,
Newton, Mass. 02165

Kazanjian, Kenneth A., *Dermatology* '33
475 Commonwealth Ave.,
Boston, Mass. 02215

*Kazanjian, Varaztad H.
Honorary Surgeon
191 Clifton St.,
Belmont, Mass. 02115

*Kazemi, Homayoun, *Medicine* '63
Assistant Physician M.G.H.

*Kearsley, Richard B., *Children's* '56
Associate Pediatrician M.G.H.

Keating, James P., *Children's* '66
U.S. Marine Corps, Milphac Team #1, c/o Maag Saigon, rep, South Vietnam

*Keating, Philip J., *Anesthesia* '67
Main Medical Center,
22 Bramhall St.,
Portland, Maine 04102

Keats, Arthur S., *Anesthesia* '51
Texas Medical Center,
1200 Moursund Ave.,
Houston, Texas 77025

Keeley, James K., *Neurosurgery* '37, *Surgery* '38
103 S. Hamilton St.,
Poughkeepsie, N. Y. 12601

*Keenan, M. Edward, *Children's* '64
Assistant Pediatrician M.G.H.

*Keenan, Thomas J., *Anesthesia* '59
Assistant in Anesthesia M.G.H.

Keevil, Charles S., Jr., *Medicine* '58
Clinical Associate in Medicine
Concord Rd.,
Lincoln, Mass. 01773

Keiser, Robert P., *Orthopedic* '42
Coral Gables Clinic,
Coral Gables, Fla. 33134

Keitt, Alan S., *Medicine* '63
U.S. Naval Hospital,
Chelsea, Mass. 02150

*Keller, Albert R.
Assistant Resident, Pathology M.G.H.

*Keller, John W.
Assistant in Medicine
266 Beacon St., Boston, Mass. 02116

Keller, Robert B., *Orthopedic* '67
Children's Hospital Medical Center, Boston, Mass. 02115

*Kelley, Rita M., *Medicine* '49
Physician M.G.H.

*Kelley, Sylvester B., *Surgery* '31, *Urology* '33
Consulting Visiting Urologist
412 Beacon St., Boston, Mass. 02115

*Kelley, William N.
Resident in Medicine M.G.H.

Kelly, Leo T., *Anesthesia* '61
243 Charles St.,
Boston, Mass. 02114

Kendrick, James I., *Orthopedic* '33
2020 East 93rd St.,
Cleveland, Ohio 44106

Kennard, Harrison E., *Surgery* '34
246 Dudley Rd.,
Newton Centre, Mass. 02159

Kennedy, B. Hughes, *Children's* '21
2940 Clairmont Ave.,
Birmingham, Ala. 35205

Kennedy, Byrl J., *Medicine* '52
University of Minnesota Hospitals,
Minneapolis, Minn. 55414

Kennedy, John H., *Surgery* '55
Cleveland Metropolitan General Hospital, Cleveland, Ohio 44109

Kennedy, Robert P., *Surgery* '24
R.D. 1., Box 262,
Richmond, Ind. 47374

Kenner, Gerald, *Orthopedic* '61
77 N. San Mateo Dr.,
San Mateo, Calif. 94401

*Kenney, Helen J.
Associate Psychologist (McL)
McLean Hospital, Belmont, Mass. 02178

*Kermond, William L.
Assistant in Orthopedic Surgery
175 Washington St.,
Winchester, Mass. 01890

Kernan, Reginald D., *Pathology* '45
25 Ave., des Champs Elysee,
Paris, 8a, France

*Kerr, Walter S., Jr., *Surgery* '47, *Urology* '49
Visiting Urologist M.G.H.

Kerrigan, Gerald A., *Children's* '52
1081 E. Circle Drive,
Milwaukee, Wis. 53217

Kershaw, Beatrice R., *Psychiatry* (McL) '39
29 Louise Rd., Belmont, Mass. 02178

Ketchum, William F., *Children's* '48
Children's Cancer Research Foundation, 35 Binney St.,
Boston, Mass. 02115

*Kety, Josephine G.
Assistant Pediatrician, Children's Service
469 Walnut St.,
Brookline, Mass. 02146

*Kety, Seymour S.
Biologist, Psychiatry M.G.H.

*Keuper, Charles S., *Dermatology* '51
Assistant Dermatologist
Concord Medical Center,
Concord, Mass. 01742

Key, Robert E., *Orthopedic* '58
800 5th Ave., Fort Worth, Texas 76104

Key, William A., *Orthopedic* '27
23 Baldwin Ave.,
San Mateo ,Calif. 94401

Keyes, Gale H., *Medicine* '47
Ogden Clinic, Ogden, Utah 84403

Kiely, Brian, *Medicine* '52
New York University,
School of Medicine,
550 1st Ave., New York, N. Y. 10016

Kilfoyle, Richard M., *Orthopedic* '51
457 Main St.,
South Weymouth, Mass. 02190

*Kimball, Peter G., *Dental Medicine* '63
Dental Surgeon
20 Vasser Rd., Marblehead, Mass. 01945

Kimberly, Charles H., *Neurology* '29
Stockbridge, Mass. 01262

Kimura, Kazuo K., *Children's* '56
Atlas Chemical Industries, Inc.,
Wilmington, Del. 19803

Kind, Henry A., *Children's* '35
300 East 3rd Ave.,
Cheyenne, Wyo. 82002

King, Howard S., *Children's* '59
2000 Washington St.,
Newton Lower Falls, Mass.
02162

*King, M. Vernon
Assistant Biochemist, Medicine
M.G.H.

King, W. Bradley, Jr., *Pathology* '56
Maryland General Hospital,
Baltimore, Md. 21201

Kinney, Robert J., *Medicine* '43
5943 E. Midwick Lane,
Fresno, Calif. 93702

Kinsey, Dera, *Medicine* '39
203 Commonwealth Ave.,
Boston, Mass. 20115

*Kirkwood, Samuel B., *Surgery* '34
Board of Consultation, Gynecology
American University of Beirut,
Beirut, Lebanon

*Kite, Owen W., *Dentistry* '51
Dental Surgeon
29 Bay State Rd., Boston, Mass.
02215

Kitts, Albert W., *Children's* '41
346 W. Baltimore Ave., Media, Pa.
19063

*Kjellberg, Raymond N., *Neurosurgery* '59
Assistant Neurosurgeon M.G.H.

Klainer, Lawrence M., *Medicine* '66
Stanford University
School of Medicine,
Palo Alto, Calif. 94304

Klapper, Jack A., Jr., *Children's* '65
Colorado General Hospital,
4200 East 9th St., Denver, Colo.
80220

Klaus, Hanna, *Pathology* '53
Holy Family Hospital,
Maghbazar Rd.,
Ramna, Dacca 2, East Pakistan

Kleaveland, Richard N., *Surgery* '56
Medical Center Bldg.,
Spokane, Wash. 99204

Klein, David M., *Neurosurgery* '61
Edward J. Meyer Memorial
Hospital, Buffalo, N. Y. 14215

Klein, Edmund, *Dermatology* '59
Roswell Park Memorial Inst.,
Buffalo, N. Y. 14203

Klein, Michael D., *Medicine* '66
54 Sedgewick Rd.,
West Hartford, Conn. 06170

Kleinman, Leonard I., *Children's* '62
University of Cincinnati College
of Medicine, Cincinnati, Ohio
45219

Klenk, Eugene L., *Children's* '63
1430 Tulane Ave.,
New Orleans, La. 70112

*Kliman, Bernard
Assistant Physician M.G.H.

Kline, Robert M., *Children's* '63
6 Mason Sq.,
Gloucester, Mass. 01930

Klingensmith, Walter E., *Surgery* '61
Beckley Memorial Hospital,
Beckley, W. Va. 25801

Knapp, M. Robert, *Anesthesia* '55
4 Peachtree Lane, Wichita, Kan.
67207

Knapp, Peter H., *Psychiatry* '47
80 East Concord St.,
Boston, Mass. 02118

Knapp, Robert G., Jr., *Dentistry* '50
1402 Genesee St., Utica, N. Y.
13502

Kneisel, John J., *Medicine* '40
333 Cedar St.,
New Haven, Conn. 06519

*Knowles, John H., *Medicine* '58
General Director of the
Massachusetts General Hospital;
Physician M.G.H.

*Koch-Weser, Jan, *Medicine* '59
Assistant Physician M.G.H.

*Kohn, Henry I.
Consultant in Radiology
Shields Warren Radiation Lab.,
50 Binney St., Boston, Mass.
02115

Kolodny, Gerald M., *Radiology* '66
M.G.H.

*Kopald, Hugh H., *Medicine* '65
Assistant in Medicine M.G.H.

Koppel, Elizabeth A., *Anesthesia* '54
437 Cedar St., N. W.,
Washington, D.C. 20012

Kopriva, Charles J., *Anesthesia* '67
M.G.H.

Korn, David, *Pathology* '60
Stanford University School of
Medicine, Palo Alto, Calif. 94304

*Kornblith, Paul L., *Surgery* '66
Assistant Resident, Neurosurgery
M.G.H.

Kornfield, Michael A., *Children's* '65
U.S. Air Force Hospital,
Wright-Patterson Air Force Base,
Dayton, Ohio 45433

Kosek, Margaret Single, *Children's*
'58
Palo Alto Medical Clinic,
Palo Alto, Calif. 94304

*Koumans, Alfred J. R.
Assistant in Psychiatry
M.G.H.

Kovacevich, Miroslav M.,
Psychiatry (McL) '64
1114 Nelson Bldg.,
Charleston, W. Va. 25301

Kozol, Harry L., *Medicine* '36
330 Beacon St., Boston, Mass.
02116

*Kramer, Dieter
Research Associate in
Dermatology M.G.H.

Kramer, James G., *Children's* '17
159 S. Main St., Akron, Ohio
44308

*Krane, Stephen M., *Medicine* '57
Associate Physician M.G.H.

*Kranes, Alfred, *Medicine* '35
Physician M.G.H.

Kraut, Herbert L., *Dermatology* '57
1435 Bedford St.,
Stamford, Conn. 06905

Kravitz, Arthur R., *Medicine* '55
Beth Israel Hospital, Boston, Mass.
02215

Kreisle, James E., *Medicine* '47
P.O. Box 5158, Austin, Texas
78703

Krickstein, Herbert I., *Pathology* '63
743 Braeside Place,
Ann Arbor, Mich. 48103

Kris, Kathryn Beck, *Psychiatry*
(McL) '62
37 Philbrick Road,
Brookline, Mass. 02146

Kristjansson, Haukur, *Orthopedic* '46
City Hospital,
Reykjavik, Iceland

*Kubik, Charles S.
Honorary Physician M.G.H.

Kuhlmann, Raymond F., *Orthopedic*
'48
80 Colchester Ave.,
Burlington, Vt. 05401

Kuhn, William G., Jr., *Orthopedic*
'49
251 Powers St.,
New Brunswick, N. J. 08902

Kuhns, John G., *Orthopedic* '26
416 Marlborough St.,
Boston, Mass. 02115

Kuldau, John M., *Psychiatry* (McL) '61
2280 William St.,
Palo Alto, Calif. 94306

Kulka, Johannes P., *Pathology* '47
Robert Breck Brigham Hospital,
Boston, Mass. 02120

*Kunz, Lawrence J.
Bacteriologist M.G.H.

Lake, Michael, *Medicine* '24
11 East 68th St., New York, N. Y. 10021

Lambert, Edward C., *Medicine* '43
Children's Hospital, Buffalo, N. Y. 14222

Lambert, John T., *Medicine* '42
768 Park Ave., New York, N. Y. 10021

*Lamdin, Susanne J., *Children's* '53, *Anesthesia* '59
Assistant Anesthetist M.G.H.

*Lamkins, Burnham E., *Dermatology* '63
Assistant in Dermatology
Johnson Clinic, Beverly, Mass. 01915

*Lamont, John H., *Psychiatry* (McL) '51
Associate Psychiatrist M.G.H.

Lampert, Nelson R., *Surgery* '64
University of California Medical Center, San Francisco, Calif. 94122

*Lang, David J., *Children's* '61
Assistant Pediatrician M.G.H.

Langer, Glenn A., *Medicine* '60
Presbyterian Hospital,
622 West 168th St.,
New York, N. Y. 10032

Langer, Terry, *Medicine* '67
National Heart Institute,
Bethesda, Md. 20014

Lansing, Cornelius, *Children's* '50
North Carolina Memorial Hospital, Chapel Hill, N. C. 27515

Larkey, Jefferson, *Surgery* '28
431 30th St., Oakland, Calif. 94609

Larkin, John E., Jr., *Orthopedic* '66
220 Stillwater Ave.,
St. Paul, Minn. 55106

Laron, Zvi, *Children's* '55
Beilinson Hospital,
Petah Tiqva, Israel

*Larson, Carroll B., *Orthopedic* '38
Board of Consultation, Orthopedic
State University of Iowa, College of Medicine, Iowa City, Iowa 52214

Larson, Ronald R., *Anesthesia* '67
U.S. Naval Hospital,
Beaufort, S. C. 29902

Lassiter, William E., *Medicine* '56
University of North Carolina,
School of Medicine,
Chapel Hill, N. C. 27515

Laster, Leonard, *Medicine* '53
National Institutes of Health,
Bethesda, Md. 20014

*Laver, Myron B.
Associate Anesthetist M.G.H.

Lawrence, G. Hugh, *Surgery* '52
1118 9th Ave., Seattle, Wash. 98101

*Lawrence, Glenn W.
Honorary Surgeon
25 Bay State Rd., Boston, Mass. 02215

Lawrence, John S., *Medicine* '25
University of California Medical Center, Los Angeles, Calif. 90024

Lawrence, Robert S., *Medicine* '65
Communicable Disease Center,
Atlanta, Ga. 30333

*Lawson, Dexter W., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

*Lawson, George B.
Assistant Attending Psychiatrist
(McL)
31 Summer St.,
Nahant, Mass. 01908

Layzer, Robert B., *Medicine* '59
735 Robin Dr., Corte Madera,
Calif. 94925

Lazarus, Herbert R., *Psychiatry*
(McL) '59
8420 Gridley Ave.,
Wauwotosa, Wis. 53213

Leach, Charles A., Jr., *Children's* '51
525 Southfield Rd.,
Birmingham, Mich. 48009

Leadbetter, Guy W., Jr., *Urology* '59
Vermont Medical Center,
Burlington, Vt. 05401

*Leadbetter, Wyland F.
Chief of Urological Service
M.G.H.

*Leaf, Alexander, *Medicine* '44
Chief of Medical Services M.G.H.

*Leak, Lee V.
Associate in Biology, Surgery
M.G.H.

*Leake, Donald L., *Dental*
Medicine '64
Assistant Oral Surgeon
188 Longwood Ave.,
Boston, Mass. 02115

Leake, Rosemary D., *Children's* '64
Stanford University School of
Medicine, Palo Alto, Cailf. 94305

Leape, Lucian L., Jr., *Surgery* '65
University of Kansas Medical
Center, Kansas City, Kan. 66103

Ledbetter, Betsy A., *Anesthesia* '55
712 Monrovia St.,
Shreveport, La. 71106

LeDonne, John E., *Dermatology* '52
54 Oliver St., Fitchburg, Mass.
01420

Lee, John M., *Children's* '16
3730 Whiteland Ave.,
Nashville, Tenn. 37205

Leeman, Cavin, P., *Medicine* '60
45 Bay State Rd., Boston, Mass.
02215

Leeper, Roy W., *Dermatology* '50
Kaiser Foundation Hospital,
Oakland, Calif. 94611

*Lees, Marjorie B.
Associate Biochemist (McL)
McLean Hospital, Belmont, Mass.
02178

Lees, Robert S., *Surgery* '60,
Medicine '62
10 Otsego Rd., New Rochelle,
N. Y. 10404

Leff, Robert, *Psychiatry* (McL) '67
M.G.H.

Legge, Robert F., *Orthopedic* '35
3320 Los Coyotes Diagonal,
Suite 103, Long Beach, Calif.
90808

Lehman, Ralph A. W., *Surgery* '64
Barnes Hospital, St. Louis, Mo.
63110

Lehrich, James R., *Medicine* '64
M.G.H.

*Leibel, Rudolph L.
Intern, Children's Service
M.G.H.

*Leibovich, Miguel A.
Assistant in Psychiatry
M.G.H.

Leiderman, P. Herbert, *Psychiatry*
'57
Stanford University, School of
Medicine, Palo Alto, Calif. 94304

Leidholt, John D., *Orthopedic* '52
1855 Gaylord St., Denver, Colo. 80206

Leigh, A. Denis, *Psychiatry* '48
The Maudsley Hospital,
Denmark Hill,
London, S.E. 5, England

Leighton, Joseph, *Pathology* '49
University of Pittsburgh, School of Medicine, Pittsburgh, Pa. 15213

Leinbach, Thomas C., *Orthopedic* '56
1500 Penn Ave., Wyomissing, Pa. 19610

Leister, Claude M., *Children's* '34
1731 W. Broad St., Bethlehem, Pa. 18018

*Lele, Padmakar P.
Assistant Neurophysiologist, Neurosurgery M.G.H.

Leonard, Lawrence M., *Orthopedic* '61
U.S. Army Hospital, Fort Campbell, Ky. 42222

*Lerman, Jacob
Physician
Zero Emerson Place,
Boston, Mass.

*Leskowitz, Sidney
Associate Immunologist, Medicine M.G.H.

Letsou, Vasilios G., *Dermatology* '56
170 Merrimack St., Lowell, Mass. 01852

Levene, Martin B., *Radiology* '54
Lemuel Shattuck Hospital,
Jamaica Plain, Mass. 02130

Leventhal, Brigid G., *Children's* '62
15208 Bitter Root Way,
Rockville, Md. 02853

Leventhal, Carl M., *Neurology* '64
15208 Bitter Root Way,
Rockville, Md. 02853

*Lever, Walter F., *Dermatology* '38
Board of Consultation, Dermatology
185 Harrison Ave., Boston, Mass. 02111

Levey, Bernard, *Psychiatry* (McL) '64
Peace Corps Room 1103,
806 Connecticut Ave., N.W.
Washington, D.C. 20006

Levey, Gerald S., *Medicine* '66
271 Congressional Lane,
Rockville, Md. 20852

Levey, Ralph H., *Surgery* '66
10 Emerson Pl., Boston ,Mass.

*Levin, Sidney
Attending Psychiatrist (McL)
1265 Beacon St., Brookline, Mass. 02146

Levine, Herbert J., *Medicine* '58
171 Harrison Ave., Boston, Mass. 02111

*LeVine, Herbert O.
Assistant in Psychiatry
379 Central St.,
Auburndale, Mass. 02166

*Levine, Matthew E.
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Levine, Melvyn B., *Children's* '67
Assistant Resident, Children's Service M.G.H.

*Levine, Philip T.
Consultant in Oral Biology, Orthopedic Surgery
University of Connecticut School of Dental Medicine, Hartford, Conn. 06105

Levy, S. William, *Dermatology* '51
450 Sutter St.,
San Francisco, Calif. 94108

*Lewis, Allen S., *Orthopedic* '67
Resident in Orthopedic Surgery M.G.H.

Lewis, Emory O., *Radiology* '45
St. Luke's Hospital,
New Bedford, Mass. 02740

Lewis, James, *Medicine* '35
Children's '36
281 State St., Springfield, Mass. 01105

Lewis, John L., Jr., *Surgery* '62
614 Oronoco St.,
Alexandria, Va. 22314

*Lewis, Joseph L., *Children's* '37
Clinical Associate in Pediatrics
25 Grant St., Waltham, Mass. 02154

*Lewis, Michael B., *Surgery* '65
Assistant Resident, Surgery
M.G.H.

Licciardello, Anthony T., *Medicine* '49
2875 Main St.,
Stratford, Conn. 06497

Lichtenwalner, Craig S., *Medicine* '51
American University of Beirut,
School of Medicine,
Beirut, Lebanon

Liffman, Kenneth E., *Dentistry* '56
110 Lockwood St.,
Providence, R. I. 02903

Lilly, Terry E., Jr., *Surgery* '43
1815 E. 63rd St.,
Kansas City, Mo. 64130

Lincoln, James R., *Orthopedic* '18
709 Main St., Wareham, Mass. 02571

*Lincoln, Robert C., *Dentistry* '53
Oral Surgeon M.G.H.

*Lindemann, Erich
Consulting Psychiatrist (McL)
Stanford University Medical Center, Palo Alto, Calif. 94304

*Linekin, David M.
Assistant in Applied Physics, Medicine M.G.H.

Linenthal, Arthur J., *Medicine* '44
1200 Centre St.,
Roslindale, Mass. 02131

Lingenfelter, George P., *Dermatology* '10
77 S. Ogden St., Denver, Col. 80209

Lingley, James R., *Radiology* '31
27 Elm St., Worcester, Mass. 01608

*Linnell, Zenos M.
Assistant Attending Psychiatrist (McL)
345 Harvard St.,
Cambridge, Mass. 02138

*Linton, Robert R., *Surgery* '30
Board of Consultation, Surgery
1180 Beacon St.,
Brookline, Mass. 02146

Lipman, Marvin M., *Medicine* '59
Scarsdale Medical Center,
Scarsdale, N. Y. 10585

Lipowski, Zbigniew J., *Psychiatry* '59
Allan Memorial Institute,
1025 Pine Ave., Montreal, Canada

*Liss, Robert A.
Intern in Medicine M.G.H.

Lithwick, Norton H., *Orthopedic* '66
Children's Hospital Medical Center, Boston, Mass. 02115

*Little, John B., *Radiology* '61
Consultant in Radiology
665 Huntington Ave.,
Boston, Mass. 02115

*Littlefield, John W., *Medicine* '50
Associate Pediatrician,
Children's Service M.G.H.

*Littmann, David
Clinical Associate, Medicine
Veterans Administration Hospital,
West Roxbury, Mass. 02132

Litwin, S. Bertrand, *Surgery* '66
Children's Hospital Medical Center, Boston, Mass. 02115

Liu, Ching Tung, *Neurosurgery* '46
1855 San Miguel Dr., Walnut Creek, Calif. 94598

Lium, Rolf, *Surgery* '35
Eastern Maine General Hospital, Bangor, Me. 04401

Livermore, George R., Jr., *Surgery* '43
Baptist Memorial Hospital, Memphis, Tenn. 38103

*Livingston, M. Stanley
Consultant to Physics Research Laboratory, Medicine
42 Oxford St., Cambridge, Mass. 02138

*Livingstone, John B., *Psychiatry* (McL) '63
Assistant Attending Psychiatrist (McL)
63 Nathan Rd., Newton Centre, Mass. 02159

Lloyd, John B., *Surgery* '46
Lemuel Shattuck Hospital, Jamaica Plain, Mass. 02130

*Lloyd, Kenneth M., II
Clinical Associate, Dermatology
U.S. Naval Hospital, Chelsea, Mass. 02150

*Lo, Hing-Har
Assistant Physicist, Radiology
M.G.H.

Locke, Edwin A., *Medicine* '02
c/o Boyd, 122 East 76th St., New York, N. Y. 10021

Locke, Harry L. F., *Children's* '12
293 Farmington Ave., Hartford, Conn. 06105

Locksley, Herbert B., *Surgery* '50
Neurosurgery '56
University Hospitals, Iowa City, Iowa 52241

Loeb, John N., *Medicine* '62
Presbyterian Hospital, New York, N. Y. 10032

Loeb, Robert F., *Medicine* '20
950 Park Ave., New York, N. Y. 10028

Loescher, Richard A., *Medicine* '67
U.S.P.H.S. Indian Hospital, Lawton, Okla. 73501

Logue, Patrick J., *Orthopedic* '67
1201 S. Highland Ave., Clearwater, Fla.

Lombroso, Cesare T., *Neurology* '55
Children's Hospital Medical Center, Boston, Mass. 02115

*Longabaugh, Richard H.
Assistant Social Scientist (McL)
McLean Hospital, Belmont, Mass. 02178

*Lorch, Stephen
Assistant in Mathematics, Psychiatry M.G.H.

*Lorenz, Maria, *Psychiatry* (McL) '49
Assistant Psychiatrist; Associate Psychiatrist (McL) M.G.H.

Los, Edward J., *Anesthesia* '61
St. Luke's Hospital, New York, N. Y. 10025

*Lott, Ira T.
Intern, Children's Service
M.G.H.

Lotz, Myron, *Medicine* '60
District of Columbia General Hospital, Washington, D.C. 20003

Lowd, Harry M., Jr., *Children's* '41
359 Essex St., Salem, Mass. 01970

Lowe, Charles U., *Children's* '48
University of Florida College of Medicine, Gainesville, Fla. 32603

*Lowell, Francis C.
Physician M.G.H.

*Lowell, J. Drennan, *Orthopedic* '53
Assistant Orthopedic Surgeon
M.G.H.

Lowell, William H., Jr., *Medicine* '40
85 Jefferson St., Hartford, Conn. 06103

*Lowenstein, Edward, *Anesthesia* '63
Assistant Anesthetist M.G.H.

Lowis, Samuel, *Neurosurgery* '40
475 Commonwealth Ave.,
Boston, Mass. 02215

Lowrey, Stanley R., *Urology* '36
170 St. George St.,
Toronto, Canada

Luck, David J. L., *Medicine* '58
Rockefeller Institute for Medical Research, 66th and York Ave.,
New York. N. Y. 10021

Ludwig, Alfred O., *Medicine* '36, *Psychiatry* (McL) '37
2 W. Cedar St., Boston, Mass. 02108

Ludwig, George D., *Surgery* '50
Hospital of the University of Pennsylvania, Philadelphia, Pa. 19104

Luessenhop, Alfred J., *Neurosurgery* '57
Georgetown University Hospital,
Washington, D.C. 20007

Luikart, Ralph H., *Surgery* '17
Medical Arts Bldg., Omaha, Nebr. 68102

Luikart, Ralph H., II, *Medicine* '44 *Dermatology* '48
5406 Izard St.,
Omaha, Nebr. 68132

*Lund, Charles C., *Surgery* '23
Consultant to Surgical Services
319 Longwood Ave.,
Boston, Mass. 02115

Lund, Ivar, *Anesthesia* '47
Ulleval Sykehus, Oslo, Norway

Lunt, Lawrence K., *Medicine* '16
1125 Old Pecos Road,
Santa Fe, N. M. 87502

*Luongo, Michael A., *Pathology* '47
90 Allandale Rd.,
Jamaica Plain, Mass. 02130

Lupien, Gordon F., *Orthopedic* '63
110 Francis St., Boston, Mass. 02215

Lurie, Arthur S., *Dermatology* '59
363 Lowell St., Peabody, Mass. 01960

Lurie, Hugh J., *Psychiatry* (McL) '66
12 Gray St.,
Cambridge, Mass. 02138

Lynn, John G., *Psychiatry* (McL) '27
1775 Chestnut Ave.,
Long Beach, Calif. 90813

Lytton, William B., *Psychiatry* (McL) '37
St. Vincent's Hospital,
St. Louis, Mo. 63133

*Mabrey, Roy E.
Board of Consultation, Surgery
249 Commonwealth Ave.,
Boston, Mass. 02116

MacAusland, Andrew R., *Surgery* '11
20 Chapel St., Brookline, Mass. 02146

*MacAusland, William R., Jr.
Assistant Orthopedic Surgeon
412 Beacon St., Boston, Mass. 02115

MacDermott, Pembroke N., *Children's* '30
1620 Pine Ave., West,
Montreal, Canada

*MacDonald, Alexander S., Jr.
Clinical Associate in Pediatrics
Herrick St., Beverly, Mass. 01915

MacDonald, Ralph F., *Surgery* '22
601 Maple Ave., Richmond, Va.
23226

*MacDougal, Bruce A.
Intern in Surgery M.G.H.

Mach, Bernard F., *Medicine* '60
Rockefeller Institute for Medical Research, 66th and York Ave., New York, N. Y. 10021

Mack, John E., *Medicine* '56
74 Fenwood Rd., Boston, Mass. 02115

*Mackay, Harry A.
Assistant Psychologist, Neurology M.G.H.

*Mackay, Malcolm
Engineer in Radiology M.G.H.

Mackie, Robert W., *Neurosurgery* '54
Margaretville, N. Y. 12455

MacKinnon, Roderick, *Psychiatry* (McL) '30
Londonderry, Nova Scotia, Canada

MacLaren, Walter R., *Children's* '42
696 E. Colorado Blvd.,
Pasadena, Calif. 91101

MacLeod, Gordon K., *Medicine* '62
125 Mill Rock Rd.,
Hamden, Conn. 06514

MacMahon, Charles E., *Surgery* '38
900 Boylston Ave.,
Seattle, Wash, 98104

MacMillan, Alexander S., Jr., *Radiology* '53
319 Longwood Ave., Boston, Mass. 02215

MacMillan, Hugh A., *Pathology* '50
21 Glenallan Rd., Toronto, Ontario, Canada

MacMillan, Hugh A., Jr., *Surgery* '47
1855 Gaylord St., Denver, Colo. 80206

Macomber, Donald, *Surgery* '11
Tide River Farm, Route 2
Brunswick, Maine 04011

Madden, Edwin J., *Orthopedic* '60
3 LeBaron Dr.,
East Greenwich, R. I. 02818

Madden, John W., *Surgery* '65
University of North Carolina School of Medicine,
Chapel Hill, N. C. 27515

*Maderson, Paul F. A.
Assistant in Biology, Dermatology M.G.H.

Madey, Stephen L., *Children's* '44
1401 N. Foster St.,
Baton Rouge, La. 70806

Mahoney, Stephen A., Jr., *Surgery* '26
1767 Northampton St.,
Holyoke, Mass. 01041

Maier, John, *Medicine* '40
The Rockefeller Foundation,
111 West 50th St.,
New York, N. Y. 10020

Majerus, Philip W., *Medicine* '63
Washington University,
Department of Medicine,
St. Louis, Mo. 63110

Makel, Harry P., *Anesthesia* '49
2209 Webster St.,
San Francisco, Calif. 94115

Malcolm, John A., *Surgery* '58
801 West End Ave.,
New York, N. Y. 10025

*Malone, Lawrence J.
Assistant in Surgery
226 Marlborough St.,
Boston, Mass. 02116

*Malone, Michael J.
Assistant Biochemist (McL)
McLean Hospital, Belmont, Mass. 02178

*Maloof, Farahe, *Medicine* '52
Associate Physician M.G.H.

Maloy, Joseph K., *Surgery* '47
120 W. Ravine Rd.,
Kingsport, Tenn. 37660

*Malt, Ronald A., *Surgery* '62
Assistant Surgeon M.G.H.

Mancall, Elliott L., *Pathology* '57
230 N. Broad St.,
Philadelphia, Pa. 19102

Mangoni, Alfonso, *Psychiatry* '60
Clinica Psichiatrica dell
'Universita di Milano, Via-B sta, 1,
Milano-Affori, Italy

Manly, Isaac V., *Surgery* '52
1300 St. Mary's St., Raleigh, N. C.
27605

*Mann, Walter
Associate Psychiatrist M.G.H.

Mannik, John A., *Surgery* '60
750 Harrison Ave., Boston, Mass.
02118

Mannik, Mart, *Medicine* '61
University of Washington
School of Medicine,
Seatle, Wash. 98105

*Mansfield, Peter B., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Manson, Elizabeth Sprague,
Children's '53
1030 Sir Francis Drake Blvd.,
San Rafael, Calif. 94904

Manson, James G., *Orthopedic* '63
51 Brattle St., Cambridge, Mass.
02138

*Manzi, Rita A., *Anesthesia* '63
Assistant in Anesthesia M.G.H.

Marble, Alexander, *Medicine* '30
15 Joslin Rd., Boston, Mass.
02215

*Marcus, Saul M.
Honorary Physician
416 Marlborough St.,
Boston, Mass. 02115

Marcy, S. Michael, *Children's* '63
98th General Hospital, A.P.O.
New York, N. Y. 09034

*Margolies, Michael N., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

*Mark, Vernon H., *Neurosurgery* '54
Clinical Associate, Neurosurgery
Boston City Hospital,
Boston, Mass. 02118

Markland, A. Colin, *Urology* '62
412 Union St., S. E.,
Minneapolis, Minn. 55414

*Marks, Alan N., *Psychiatry*
(McL) '66
Resident Psychiatrist
McLean Hospital, Belmont, Mass.
02178

*Marks, George A., *Surgery* '33
Board of Consultation, Surgery
15 Dix St., Winchester, Mass.
01890

Maroney, John W., *Children's* '32
1205 Delaware Ave.,
Wilmington, Del. 19805

Marshall, Clyde S., *Neurology* '27
Department of Public Health,
Halifax, Nova Scotia, Canada

*Marsland, David W.
Intern, Children's Service
M.G.H.

Martin, Albert R., *Medicine* '65
Cholera Research Lab., APO
New York, N. Y. 09683

Martin, Charles L., *Radiology* '20
3501 Gaston Ave., Dallas, Texas
75246

*Martin, Donald B., *Medicine* '59
Associate Physician M.G.H.

Martin, James A., *Surgery* '46,
Radiology '51
3501 Gaston Ave., Dallas, Texas
75246

Maruyama, Yosh, *Radiology* '61
University of Minnesota School of Medicine, Department of Radiology, Minneapolis, Minn. 55455

*Mason, Edward A., *Psychiatry* (McL) '45
Assistant Psychiatrist
51 Brattle St.,
Cambridge, Mass. 02138

Mason, Earle D., *Medicine* '46
11600 Wilshire Blvd.,
Los Angeles, Calif. 90025

*Mason, John W., *Pathology* '67
Assistant Resident in Pathology
M.G.H.

Mason, William, *Medicine* '21
1030 President Ave.,
Fall River, Mass. 02720

Massie, William K., *Pathology* '38
304 S. Limestone St.,
Lexington, Ky. 40508

*Masters, Richard
Assistant Dermatologist
M.G.H.

Matchett, Foster L., *Orthopedic* '34
1830 Williams St., Denver, Colo. 80218

Mathé, Aleksander, *Psychiatry* '63
Boston University,
Boston, Mass. 02215

Mathews, Samuel S., *Orthopedic* '28
8820 Wilshire Blvd.,
Beverly Hills, Calif. 90211

*Mathieu, Alix
Assistant Resident, Anesthesia
M.G.H.

Mathieu, Thomas J., *Urology* '54
1120 W. Spruce St.,
Yakima, Wash. 98902

Mathis, William H., Jr., *Radiology* '48
Kennestone Hospital,
Marietta, Ga. 30061

Mattoso, Luiz F. de Q., *Radiology* '65
Av Epitacio Pessoa 870, Apt. 1205
Lagoa, Rio de Janeiro—Estado da Guanabara, Brazil

*Matz, Myron H.
Assistant in Dermatology
51 Brattle St., Cambridge, Mass. 02138

Maughs, Sydney B., *Psychiatry* '38
4500 W. Pine Blvd.,
St. Louis, Mo. 63108

May, George A., Jr., *Surgery* '67
2000 Washington St.,
Newton, Mass. 02161

May, Harold L. *Surgery* '59
P.O. Box 2213-B,
Port Au Prince, Haiti, West Indies

Mayer, Richard F., *Neurology* '57
University Hospital,
Department of Neurology,
Baltimore, Md. 21201

Mayman, Chaim I., *Neurology* '61
Beth Israel Hospital,
Boston, Mass. 02215

*Maynard, Edwin P., III
Assistant Physician M.G.H.

Maynard, Guy B., Jr., *Surgery* '43
Carle Clinic, 602 W., University Ave., Urbana, Ill. 61801

*Mayo, Clara
Assistant Psychologist, Psychiatry
M.G.H.

Mayo, Frederick B., *Medicine* '44
144 Beach Bluff Ave.,
Swampscott, Mass. 01907

Mayo, Richard A., *Orthopedic* '56
New England Deaconess Hospital,
Boston, Mass. 02215

*Mazer, Milton
Assistant Psychiatrist
North Water St., Edgartown,
Mass. 02539

Mazuzan, John E., Jr., *Anesthesia* '59
Mary Fletcher Hospital,
Burlington, Vt. 05401

McAlpine, Frederick S., *Anesthesia* '57
605 Commonwealth Ave.,
Boston, Mass. 02215

*McArthur, Janet W., *Medicine* '44
Associate Physician M.G.H.

McCann, Samuel M., *Medicine* '50
3136 Sperry Dr.,
Dallas, Tex. 75214

*McCarthy, Philip L.
Assistant Dermatologist
36 Adams St., Quincy, Mass. 02169

McClellan, Betty J., *Pathology* '60
University of Oklahoma Medical Center, 800 N.E. 13th St.,
Oklahoma City, Okla. 73104

McClellan, Walter S., *Medicine* '25
406 Whitehead Circle,
Chapel Hill, N. C. 27514

*McClelland, William K.
Clinical Associate, Surgery
474 Main St., Greenfield, Mass. 01301

McClung, John L., *Anesthesia* '52
5522 Tolman Terrace,
Madison, Wis. 53711

McCollum, Richard G., *Orthopedic* '67
c/o Charles H. McCollum, M.D.,
5425 Schumacher,
Houston, Texas 77021

McConnell, Fleming, *Radiology* '56
Montreal General Hospital,
Montreal, Canada

McCort, James J., *Radiology* '44
Santa Clara County Hospital,
San Jose, Calif. 95128

McCoy, William T., *Radiology* '60
19 Avenel Gardens Rd.,
Medindie, South Australia

*McCully, Kilmer S., *Medicine* '60
Assistant in Pathology M.G.H.

McCune, William S., *Surgery* '37
2520 L St., N.W.,
Washington, D.C. 20037

McDaniel, John R., *Surgery* '46
902 Edmond St., St. Joseph, Mo. 64502

McDermott, Leo J., *Orthopedic* '38
151 Vaughan St., Portland, Maine 01402

*McDermott, William V., Jr., *Surgery* '51
Board of Consultation, Surgery
Boston City Hospital,
Boston, Mass. 02118

*McDonald, Francis C.
Clinical Associate in Pediatrics
39 Main St., Concord, Mass. 01742

McDonald, William, *Anesthesia* '63
443 Gardenia St.,
Clearwater, Fla. 33516

*McDonnell, Nancy J., *Psychiatry* (McL) '66
82 E. Side Pdwy.,
Newton, Mass. 02158

McElroy, William D., *Orthopedic* '32
5912 Eighth Ave., Drive West,
Bradenton, Fla. 33510

McEnany, Michael T., *Surgery* '66
National Institutes of Health,
Bethesda, Md. 20014

McFarland, James C., *Medicine* '66
M.G.H.

McFarland, Robert B., *Pathology* '59
2660 13th St., Boulder, Colo. 80302

McGahey, Claude E., *Surgery* '46
530 Chestnut St.,
Manchester, N. H. 03101

McGill, Raymond J., Jr., *Dermatology* '64
6 Whittier Pl., Boston, Mass. 02114

McGinty, John B., *Orthopedic* '60
2000 Washington St., Newton Lower Falls, Mass. 02162

*McGovern, Joseph J. M., Jr., Clinical Associate in Pediatrics
120 Anawan Ave., West Roxbury, Mass. 02132

McGovney, Richard B., *Orthopedic* '30
Box 509, R.R. 1, Waiakoa, Maui, Hawaii, 96793

*McGrath, Edward F. Clinical Assoicate in Pediatrics
71 Adams St., Milton, Mass. 02187

*McGugan, A. David, *Dermatology* '61
Assistant in Dermatology
36 Adams St., Quincy, Mass. 02169

*McGuire, Michael T., *Psychiatry* '62, *Psychiatry* (McL) '63
Assistant in Psychiatry M.G.H.

McHugh, Paul R., *Neurology* '60
34 Young Ave., Pelham, N. Y. 10803

McIlroy, William J., *Pathology* '60
Toronto Western Hospital, Toronto, Ontario, Canada

McIntyre, Patricia A., *Medicine* '53
Confederate Memorial Medical Center, Shreveport, La. 71101

McIver, Monroe A., *Surgery* '22
12 Main St., Cooperstown, N. Y. 13326

McKay, Wilfred W., *Children's* '21
R.R. 1, Aylmer, Quebec, Canada

McKeever, Francis M., *Orthopedic* '30
2010 Wilshire Blvd., Los Angeles, Calif. 90057

McKenna, John B., *Psychiatry* (McL) '32
Hitchcock Clinic, Hanover, N. H. 03755

McKenna, Paul, *Dermatology* '66
136 Harrison Ave., Boston, Mass. 02111

McKenzie, Wilfred L., *Children's* '24
54 Bow St., Woburn, Mass. 01801

McKhann, Charles F., *Surgery* '64
Department of Surgery
University of Minnesota Hospital, Minneapolis, Minn. 55455

*McKittrick, John B., *Anesthesia* '38, *Surgery* '42
Assistant Surgeon
110 Francis St., Boston, Mass. 02215

*McKittrick, Leland S. Honorary Surgeon
110 Francis St., Boston, Mass. 02215

*McLaughlin, Ambrose P., III, *Surgery* '67
Assistant Resident in Urology M.G.H.

McLaughlin, William B., *Orthopedic* '31
6050 Jenkins Arcade, Pittsburgh, Pa. 15222

*McLean, John D. Chief of Podiatry, Orthopedics
38 Church St., Winchester, Mass. 01890

McMillan, Robert M., *Medicine* '41
140 S.W. Broad St., Southern Pines, N. C. 28387

*McNamara, John J., *Children's* '67
Assistant Resident Children's Service M.G.H.

McNamara, Joseph J., *Surgery* '66
Children's Hospital Medical Center, Boston, Mass. 02115

*McNeely, William F.
Assistant in Medicine
Zero Emerson Pl., Boston, Mass. 02114

McNeil, Barbara J., *Children's* '67
Peter Bent Brigham Hospital, Boston, Mass. 02115

*McNeill, J. Malcolm
Associate Radiologist M.G.H.

McNie, Allan B., *Pathology* '57
353 30th St., Oakland, Calif. 94609

McPeak, Clarence N., *Radiology* '29
Henry Heywood Memorial Hospital, Gardner, Mass. 01441

*McPeek, Bucknam, *Anesthesia* '62
Assistant Anesthetist M.G.H.

McPhedran, Alexander M., *Neurology* '62
Emory University School of Medicine, Atlanta, Ga. 30322

McPherson, Sidney R., *Orthopedic* '49
85 Jefferson St., Hartford, Conn 06103

Mead, Sedgewick, *Medicine* '40, *Pathology* '41, *Neurology* '42
Kaiser Foundation Rehabilitation Center, Vallejo, Calif. 94590

Mealey, John, Jr., *Neurosurgery* '60
Indiana University Medical Center, Indianapolis, Ind. 46207

Means, Paul H., *Medicine* '24
1 Waterhouse St., Cambridge, Mass. 02138

Meath, James A., *Neurology* '47
P.O. Box 157, Dublin, N. H. 03444

*Mechanic, Gerald L.
Assistant Biochemist, Orthopedic Surgery M.G.H.

*Medrek, Theodore F.
Assistant Bacteriologist, Department of Bacteriology M.G.H.

Meigs, J. Wister, *Medicine* '43
60 College St., New Haven, Conn. 06510

Meister, Lester, *Medicine* '37
Veterans Administration Hospital, Long Beach, Calif. 90804

Mellinger, George W., *Medicine* '47
490 Post St., San Francisco, Calif. 94102

Melvin, William J. S., *Orthopedic* '51
Kingston General Hospital, Kingston, Ontario, Canada

Mendelsohn, Mortimer L., *Medicine* '49
Hospital of the University of Pennsylvania, Philadelphia, Pa. 19104

Merrill, Bruce R., *Psychiatry* '41
22 Peninsula Rd., Belvedere, Calif. 94920

*Merrill, Edward W.
Consultant in Chemical Engineering, Children's Service Massachusetts Institute of Technology, Cambridge, Mass. 02139

*Messner, Edward
Assistant Psychiatrist
Zero Emerson Pl., Boston, Mass. 02114

Metcalf, Kenneth M., *Children's* '25
133 E. 73rd St., New York, N. Y. 10021

Meyer, Harold I. *Surgery* '25
104 S. Michigan Ave., Chicago, Ill. 60603

*Michalska, Irene K., *Anesthesia* '67
Assistant Resident in Anesthesia M.G.H.

Michel, Albert J. D., *Anesthesia* '50
28, Cours Aristide-Briand
Lyon (4e), France

*Michelsen, Jost J., *Neurosurgery* '38
Clinical Associate, Neurosurgery
M.G.H.

Michie, Alexander J., *Pathology* '43, *Urology* '45
Children's Hospital of Philadelphia, Philadelphia, Pa. 19146

Michie, Catherine R., *Pathology* '44
500 Bridle Rd., Glenside, Pa. 19038

Middlebrook, Gardner, *Medicine* '45
University of Maryland School of Medicine, Baltimore, Md. 21201

Milam, Daniel F., Jr., *Surgery* '52
27 103rd Ave., N.E.,
Bellevue, Wash. 98004

Millard, D. Glynn, *Radiology* '60
Box 503, Jaffrey Center, N. H. 03454

Miller, Abbott R., *Radiology* '64
110 Rockland St., Brockton, Mass. 02401

Miller, Alfred E., *Surgery* '58
Hamburg-Schenefeld, OPM,
Blockhorn 5-A, Germany

*Miller, Carroll C., *Surgery* '38
Clinical Associate, Surgery
304 Humphrey St.,
Swampscott, Mass. 01907

*Miller, Elliott V.
Assistant Anesthetist
330 Mt. Auburn St.,
Cambridge, Mass. 02138

Miller, Erwin C., *Medicine* '26
7 Military Rd., Worcester, Mass. 01609

Miller, James G., *Medicine* '43
Psychiatry '44
Cleveland State University,
Euclid Ave., at 24th,
Cleveland, Ohio 44115

Miller, Jule P., Jr., *Psychiatry* '55
5501 Lindell Ave., St. Louis, Mo. 63108

*Miller, Lawrence M.
Assistant in Medicine M.G.H.

*Miller, Martin A., *Psychiatry* (McL) '65
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Miller, Milton L., *Medicine* '32
University of North Carolina,
School of Medicine,
Chapel Hill, N. C. 27515

Miller, R. Bretney, *Medicine* '38
2001 I St., N.W.,
Washington, D.C. 20006

Miller, Ralph B., *Radiology* '32
Box 2375, Tampa, Fla. 33602

Miller, William L., *Pathology* '61
William Beaumont General Hospital, El Paso, Texas 79920

Millet, J. Bradford, *Surgery* '48
2 Jordan Rd.,
New Hartford, N. Y. 13413

*Mills, John A., *Medicine* '58
Assistant Physician M.G.H.

Mills, Lloyd, Jr., *Medicine* '44
1136 West 6th St.,
Los Angeles, Calif. 90017

*Miner, Richard L.
Assistant Oral Surgeon
363 Marlborough St.,
Boston, Mass. 02115

Ming, Si-Chun, *Pathology* '56
Beth Israel Hospital, Boston, Mass. 02215

*Minna, John D.
Intern in Medicine M.G.H.

Mintz, E. Ross, *Pathology* '30, *Urology* '32
18 Rundlett St., Concord, N. H 03301

*Mintz, Norbett L.
Associate Psychologist (McL)
McLean Hospital, Belmont, Mass.
02178

*Mintz, Sophie B.
Assistant Psychologist (McL)
McLean Hospital, Belmont, Mass.
02178

Mirkin, Gabriel B., *Children's* '63
1110 Spring St.,
Silver Spring, Md. 20910

*Misch, Robert C.
Associate Psychologist, Psychiatry
M.G.H.

*Mital, Mohinder A., *Orthopedic* '67
Resident, Orthopedics M.G.H.

Mitchel, Duane H., *Medicine* '47
3535 Cherry Creek, North Dr.,
Denver, Colo. 80209

Mitchell, David C., *Orthopedic* '63
Henry Ford Hospital,
Detroit, Mich. 48202

Mittel, Neuman S., *Psychiatry* (McL) '59
309 Buckminster Rd.,
Brookline, Mass. 02146

*Mixter, Charles G., Jr., *Surgery* '47
Clinical Associate, Surgery
Raytheon Corp.,
Lexington, Mass. 02173

Mixter, Charles G., III, *Surgery* '66
U.S. Peace Corps, U. S. Embassy,
Seoul, Korea

Mixter, George, Jr., *Surgery* '43
535 North Dearborn St.,
Chicago, Ill. 60610

Mnaymneh, Walid Ahmed, *Orthopedic* '62
American University Hospital,
Beirut, Lebanon

*Modell, Arnold H.
Associate Attending Psychiatrist (McL)
1419 Beacon St., Brookline, Mass.
02146

Moellering, Robert C., *Medicine* '67
M.G.H.

Moffitt, Herbert C., Jr., *Medicine* '42
909 Hyde St.,
San Francisco, Calif. 94109

*Mogielnicki, Robert P., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

*Mokrasch, Lewis C.
Associate Biochemist (McL)
McLean Hospital, Belmont, Mass.
02178

Molliver, Mark E., *Children's* '65
20 Overhill Drive,
Ellicott City, Md. 21042

Molloy, Maureen K., *Orthopedic* '62
348 College St.,
Burlington, Vt. 05402

Moloney, David R., *Dermatology* '66
21 Woodland St., Hartford, Conn.
06105

*Momose, K. Jack, *Radiology* '57
Assistant Radiologist M.G.H.

*Monaco, Anthony P., *Surgery* '63
Clinical Associate in Surgery
Boston City Hospital,
Boston, Mass. 02118

Monahan, John J, *Orthopedic* '62
22 West 39th St., Erie, Pa. 16508

*Monchik, Jack M., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Moncure, Ashby C., *Surgery* '67
M.G.H.

Monroe, John T., Jr., *Medicine* '56
203 Lennox Bldg.,
Chapel Hill, N. C. 27514

Montgomery, Hugh, *Medicine* '32
Hospital of the University of
Pennsylvania, Philadelphia, Pa.
19104

Montgomery, Orland F., *Surgery* '16
890 Coleman Ave.,
Menlo Park, Calif. 94025

*Moolten, Frederick L., *Medicine* '65
Resident in Medicine M.G.H.

Moore, Burness E., *Psychiatry* '42
152 East 73rd St.,
New York, N. Y. 10021

*Moore, Francis D., *Surgery* '43
Board of Consultation, Surgery
Peter Bent Brigham Hospital,
Boston, Mass. 02115

*Moore, Gordon T., *Medicine* '65
Resident in Medicine M.G.H.

Moore, Michael J., *Neurology* '66
M.G.H.

Moore, Robert F., *Medicine* '54
440 North Main St.,
Randolph, Mass. 02368

Moore, S. Halcuit, Jr., *Children's* '37
P.O. Box 28, Dallas, Texas 75221

*Moore, William R., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Mora, Federico, *Medicine* '51, *Surgery* '53, *Neurosurgery* '57
717 Encino Pl., N. E.,
Albuquerque, N. M. 87106

Moran, John E., *Neurology* '28
219 Federal St., Greenfield, Mass. 01301

Moran, Thomas W., Jr., *Pathology* '50
Mellon National Bank Bldg.,
Latrobe, Pa. 15650

Moreton, John R., *Surgery* '45
45 Meadowbrook Rd.,
Weston, Mass. 02193

Morgan, Clarence L., *Children's* '60
University of Washington School of Medicine, Seattle, Wash. 98105

Morgan, William L., Jr., *Medicine* '57
University of Rochester, School of Medicine and Dentistry,
Rochester, N. Y. 14620

Morgan, Winfield S., *Pathology* '51
Cleveland Metropolitan General Hospital, Cleveland, Ohio 44109

*Morley, Helen R.
Assistant Resident, Anesthesia
M.G.H.

Morris, Harry D., *Orthopedic* '37
1514 Jefferson Highway,
New Orleans, La. 70120

Morris, John McL., *Surgery* '47
Yale University, School of Medicine, New Haven, Conn. 06520

Morris, Peter J., *Surgery* '64
Melbourne University
Royal Melbourne Hospital,
Parkville, N. 2, Victoria, Australia

*Morris, Roger H., *Anesthesia* '63
Assistant Anesthetist M.G.H.

Morrison, Gordon M., *Orthopedic* '41
77 San Mateo Dr.,
San Mateo, Calif. 94401

Morrison, Harvey R., *Medicine* '36, *Radiology* '39
370 Marlborough St.,
Boston, Mass. 02115

Morrison, Roger W., *Surgery* '43
65 Sunset Parkway,
Asheville, N. C. 28801

Morrissey, E. James, *Orthopedic* '36
1121 Penn Ave., Wyomissing, Pa. 19610

Morrissey, Eugene J., *Orthopedic* '65
1121 Penn Ave., Wyomissing, Pa. 19610

Morse, George W., *Surgery* '12
121 Nichols Rd., Cohasset, Mass. 02025

Morton, John J., *Surgery* '16
Strong Memorial Hospital,
Rochester, N. Y. 14620

*Moser, Hugo W., *Neurology* '59
Associate Neurologist M.G.H.

*Moses, John M.
Assistant Physician M.G.H.

Moss, Arthur J., *Medicine* '61
Strong Memorial Hospital,
Rochester, N. Y. 14620

Moss, Gerald S., *Surgery* '65
10100 Grant Ave.,
Silver Spring, Md. 20910

Mote, John R., *Medicine* '37
750 Park Ave., New York, N. Y.
10021

Moyer, Dean LaR., *Pathology* '55
Los Angeles County Harbor
General Hospital,
Torrance, Calif. 90509

Mudd, S. Harvey, *Medicine* '54
National Institutes of Health,
Bethesda, Md. 20014

Mudd, Seeley G., *Medicine* '26
523 West 6th St.,
Los Angeles, Calif. 90014

Mueller, Barbara C., *Psychiatry*
(McL) '59
707 Commonwealth Ave.,
Newton Centre, Mass. 02159

*Mueller, Egbert H., *Psychiatry* '58,
Psychiatry (McL) '60
Assistant Psychiatrist (McL)
707 Commonwealth Ave.,
Newton Centre, Mass. 02159

Mueller, Gustave C. E., *Surgery* '64
F.M., National Bank,
Princeton, Wis. 54967

*Mueller, H. Peter
Clinical Associate, Radiology
5 Woodland Rd., Stoneham, Mass.
02180

Mueller, Harry L., *Children's* '35
Children's Hospital Medical
Center, Boston, Mass. 02115

*Muirhead, Donald M., Jr.,
Children's '61
Clinical Associate in Pediatrics
454 Brookline Ave.,
Brookline, Mass. 02215

Mulford, Edwin H., II,
Neurosurgery '47
5 Elm Crest Terr.,
Norwalk, Conn. 06850

Müller, Alex F., *Medicine* '53
Hôpital Cantonal,
Geneva, Switzerland

*Mulliken, John B., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

*Mundth, Eldred D., *Surgery* '66
Assistant in Surgery M.G.H.

Munro, Jeannette, *Children's* '29
36-04 Meadow Lakes,
Hightstown, N. J. 08520

Munro, Nathan D., *Surgery* '44
740 W. Michigan Ave.,
Jackson, Mich. 49201

Murad, Ferid, *Surgery* '67
National Heart Institute,
Bethesda, Md.

Murphy, George B., Jr., *Surgery* '57
Gundersen Clinic,
La Crosse, Wis. 54601

Murphy, Grace L., *Dermatology* '30
601 S. Bowman Ave.,
Merion Station, Pa. 19066

*Murphy, John D., *Anesthesia* '63
Assistant Anesthetist M.G.H.

Murphy, Ruth, *Psychiatry*
(McL) '57
Concord Rd., Lincoln, Mass.
01751

*Murphy, William F.
Attending Psychiatrist (McL)
82 Marlborough St., Boston, Mass.
02116

Murray, David B., *Pathology* '56
1550 W. Rosedale St.,
Fort Worth, Texas 76104

Murray, Gordon F., *Surgery* '67
The Johns Hopkins Hospital,
Baltimore, Md. 21205

*Murray, Joseph E.
Clinical Associate, Surgery
Peter Bent Brigham Hospital,
Boston, Mass. 02115

Musgrave, Rhoda U., *Psychiatry* (McL) '37
17218 Warrington St.,
Granada Hills, Calif. 01344

Mushatt, Cecil, *Psychiatry* '46
1093 Beacon St., Brookline, Mass. 02146

*Myers, Gordon S., *Medicine* '43
Physician
Zero Emerson Pl., Boston, Mass. 02114

Myers, Richard S., *Surgery* '67
National Cancer Institute,
Bethesda, Md. 20014

*Nadas, Alexander S.
Consultant to Children's Service
Children's Hospital Medical Center, Boston, Mass. 02115

Nahor, Amos, *Psychiatry* (McL) '66
80A Mason Terr.,
Brookline, Mass. 02146

*Nalebuff, Edward A.
Assistant in Orthopedic Surgery
Zero Emerson Pl., Boston, Mass. 02114

*Nardi, George L., *Surgery* '51
Visiting Surgeon M.G.H.

Nash, Andrea H., *Children's* '65
M.G.H.

*Nash, Gerald, *Pathology* '67
Resident in Pathology M.G.H.

Nathan, Louis, *Orthopedic* '30
Veterans Administration,
Outpatient Clinic,
17 Court St., Boston, Mass. 02108

*Nathan, Martin J., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

*Nebesar, Robert A., *Radiology* '63
Clinical Associate, Radiology
Children's Hospital Medical Center, Boston, Mass. 02115

Necek, Stanislaw K., *Anesthesia* '67
Rrakow-28, Os. Na Skarpie 59/22, Poland

Nellhaus, Gerhard, *Children's* '59
5335 Montview Blvd.,
Denver, Colo. 80207

Nelson, Bruce D., *Surgery* '66
U.S.P.H.S. Indian Hospital,
Fort Defiance, Ariz. 86504

Nelson, Clarence E., *Surgery* '39
384 Post St., Suite 607,
San Francisco, Calif. 94102

*Nelson, Michael M., *Psychiatry* '67
Assistant Resident in Psychiatry
M.G.H.

Nelson, Russell M., *Surgery* '54
508 East on South Temple St.,
Salt Lake City, Utah 84102

*Nemiah, John C., *Psychiatry* '49
Board of Consultation, Psychiatry
Beth Israel Hospital,
Boston, Mass. 02215

Neptune, Edgar McC., *Surgery* '28
17 Lynacres Blvd.,
Fayetteville, N. Y. 13066

Nesche, George E., *Medicine* '29
411 30th St., Oakland, Calif. 94611

*Neuhauser, Edward B. D.
Consultant in Radiology
Children's Hospital Medical Center, Boston, Mass. 02115

*Neumann, Charlotte G.
Clinical Associate in Pediatrics
2417 Reed Ave.,
Belmont, Calif. 94002

Neville, Charles W., Jr., *Psychiatry* (McL) '59
Highland Hospital,
Asheville, N. C. 28801

*New, Paul F. J.
Associate Radiologist M.G.H.

Newell, James W. *Surgery* '44
Medical Plaza, 1101 Welch Rd.,
Palo Alto, Calif. 94304

*Newell, John L., *Surgery* '32
Clinical Associate in Obstetrics, Gynecology
1101 Beacon St., Brookline, Mass. 02146

Newhall, Harvey F., *Surgery* '06
1 Suntang St.,
Lynnfield, Mass. 01942

Newman, Elliott V., *Children's* '41
Vanderbilt University, School of Medicine, Nashville, Tenn. 37203

Newman, Herbert A., *Children's* '60
14 Soundview Ave.,
White Plains, N. Y. 10606

Newstedt, J. Roger, *Surgery* '50
108 William Howard Taft Rd.,
Cincinnati, Ohio 45219

Nicholson, Jesse T., *Orthopedic* '33
419 South 19th St.,
Philadelphia, Pa. 19146

Nicosia, Arnold P., *Children's* '49
1554 Northern Blvd., Manhasset,
Long Island, N. Y. 11030

Nielsen, Talmadge W., *Surgery* '53
60 South 4th Ave., East,
Salt Lake City, Utah 84111

*Nikaido, Hiroshi
Assistant Biochemist, Biochemical Research M.G.H.

Nilges, Richard G., *Neurosurgery* '51
700 N. Michigan Ave.,
Chicago, Ill. 60611

Noble, Charles A., Jr., *Medicine* '31
384 Post St., San Francisco, Calif. 94108

Noble, John J., Jr., *Medicine* '65
Communicable Disease Center,
Virology Unit, Atlanta, Ga. 30333

Nobles, Eugene R., Jr., *Surgery* '61
Sanders Clinic, Baptist Medical Bldg., Memphis, Tenn. 38103

Noone, P. Francis, *Anesthesia* '63
Albert Einstein Medical Center,
Northern Division,
Philadelphia, Pa. 10141.

Norbury, Frank B., *Medicine* '49
1515 W., Walnut St.,
Jacksonville, Ill. 62650

Norcross, John W., *Medicine* '37
605 Commonwealth Ave.,
Boston, Mass. 02215

Normann, Nils, *Anesthesia* '51
5605 Houghton St.,
Philadelphia, Pa. 19128

*Norton, Paul L., *Orthopedic* '34
Board of Consultation, Orthopedic
Concord Medical Center,
Concord, Mass. 01742

*Noss, George M.
Clinical Associate, Oral Surgery
31 Bay State Rd., Boston, Mass. 02215

Novy, Miles J., *Surgery* '64
10550 S. W., Barnes Road,
Portland, Ore. 97225

Nozik, Daniel L., *Dental Medicine* '67
M.G.H.

*Nuttall, Ronald L.
Assistant Social Scientist (McL)
McLean Hospital, Belmont, Mass. 02178

*Oakley, Joseph C., *Dentistry* '59
Assistant Oral Surgeon
507 Main St., Worcester, Mass. 01608

O'Brien, Charles P., Jr., *Medicine* '65
6071 St. Anthony Ave.,
New Orleans, La. 70122

O'Brien, Frederick W., Jr., *Radiology* '51
1905 Duke Dr., Bakersfield, Calif. 93305

*O'Brien, Richard G.
Clinical Associate, Radiology
697 Cambridge St.,
Brighton, Mass. 02135

O'Brien, Robert M., *Orthopedic* '41
950 Francis Pl., St. Louis, Mo. 63105

O'Brien, William M., *Medicine* '58
Yale University School of Medicine, New Haven, Conn. 06520

O'Connell, Francis D., *Orthopedic* '67
Children's Hospital Medical Center, Boston, Mass. 02115

O'Connor, Denis S., *Orthopedic* '25
237 Edwards St.,
New Haven, Conn. 06511

O'Connor Harrison, *Orthopedic* '53
689 Fellsway, Medford, Mass. 02155

Odland, George F., *Medicine* '47, *Dermatology* '54
University of Washington, School of Medicine, Seattle, Wash. 98105

Ogden, Ralph T., *Children's* '25
85 Jefferson St., Hartford, Conn. 06103

*Oh, Kook S., *Radiology* '67
Assistant Resident in Radiology M.G.H.

Oh, Won Hwan, *Orthopedic* '67
Children's Hospital Medical Center, Boston, Mass. 02115

*Ojemann, Robert G., *Neurosurgery* '61
Assistant in Neurosurgery M.G.H

Okagaki, Takashi, *Pathology* '67
113 Higashihonji-machi,
Tottori-shi, Tottori, Japan

O'Keefe, Dennis D., *Surgery* '67
Fort Knox, Ky. 40121

*O'Keefe, Edward S.
Honorary Physician
31 Broad St., Lynn, Mass. 01902

O'Keeffe, Arthur F., *Surgery* '51
648 Canton Ave., Milton, Mass. 02186

Okun, Milton R., *Dermatology* '60
180 Marlborough St.,
Boston, Mass. 02116

*Olin, Harry S., *Psychiatry* '59, *Psychiatry* (McL) '60
Assistant Psychiatrist
55 Windsor Dr.,
Waban, Mass. 02168

*Olin, Morton J.
Assistant Oral Surgeon, Dental Medicine
286 Massachusetts Ave.,
Arlington, Mass. 02174

O'Malley, Austin F., *Urology* '57
496 South St., Hyannis, Mass. 02601

Omenn, Gilbert S., *Medicine* '67
National Institute of Arthritis and Metabolic Diseases,
Bethesda, Md. 20014

Omer, Joy A., *Orthopedic* '12
2648 East 7th St., Tucson, Ariz. 85716

*Oparil, Suzanne
Resident in Medicine M.G.H.

Organick, Avrum B., *Medicine* '53
Milwaukee County Hospital,
Milwaukee, Wis. 53226

Ormandy, Laszlo, *Orthopedic* '43
3109 10th St., N., Arlington, Va. 22201

*Orr, James C.
Assistant Biochemist, Medicine
M.G.H.

Orski, Barbara M., *Children's* '56
Kaiser Foundation Hospital,
Oakland, Calif. 94611

Osborn, June E., *Children's* '63
University of Wisconsin Medical School, Madison, Wis. 53706

Osborne, Robert K., *Medicine* '62
743 High St., Dedham, Mass. 02026

Osgood, Herman A., *Radiology* '19
139 Bellevue Ave.,
Melrose, Mass. 02176

Osgood, Howard, *Medicine* '17
675 Delaware St.,
Buffalo, N. Y. 14202

O'Shea, Clare Marshall, *Neurology* '54
37 Butler Pl.,
Northampton, Mass. 01060

*O'Shea, James A., *Children's* '50
Clinical Associate in Pediatrics
339 Haverhill St., Lawrence, Mass. 01840

Osius, Eugene A., *Medicine* '23
David Whitney Bldg.,
Detroit, Mich. 48226

O'Sullivan, Renée B., *Children's* '57
14 Denton Rd.,
Wellesley, Mass. 02181

*Ottinger, Leslie W., *Surgery* '66
Assistant in Surgery M.G.H.

Otto, William J., Jr., *Radiology* '64
SHAPE International Hospital,
Brussels, Belgium

*Ouellette, Eileen M., *Children's* '64
Assistant in Pediatrics
Assistant Resident, Neurology
M.G.H.

Owen, Pere A., *Anesthesia* '67
U.S. Air Force,
Omaha, Nebr. 68113

Owen, William R., *Medicine* '52
6410 Fannin St., Houston, Texas 77025

Owyang, Pauline, *Children's* '43
P.O. Box 1365, Costa Mesa, Calif. 92626

Packard, George B., *Surgery* '17
724 Republic Bldg., Denver, Colo. 80202

Packert, Richard C., *Radiology* '58
Memorial Hospital for Cancer and Allied Diseases, New York, N. Y. 10021

*Page, David L.
Assistant Resident, Pathology
M.G.H.

*Page, Lot B., *Medicine* '56
Assistant Physician
2000 Washington St.,
Newton Lower Falls, Mass. 02162

*Palmer, Robert S., *Medicine* '27
Honorary Physician
330 Dartmouth St., Boston, Mass. 02116

Pant, Shyam S., *Neurology* '63
318 Vinay Marg,
New Delhi, India

Paolitto, Frank J., *Psychiatry* (McL) '66
National Institute of Mental, Health, Bethesda, Md. 20014

Papadopoulos, Demetrios A., *Urology* '56
81 Egnatias St.,
Thessaloniki, Greece

Papazian, Clement E., *Children's* '60
Permanete Medical Group,
Fontana, Calif. 92335

Pappas, Arthur M., *Orthopedic* '63
University of California Hospitals,
San Francisco, Calif. 94122

Parker, Jack S., *Surgery* '46
3 Seaward Rd.,
Wellesley Hills, Mass. 02181

Parker, John C., *Medicine* '63
1010 Highland Woods,
Chapel Hill, N. C. 27514

Parkhurst, Albert E., *Medicine* '19
Beverly Hospital, Beverly, Mass.
01915

*Parkhurst, Edward C., *Urology* '58
Assistant Urologist M.G.H.

Parnall, Edward, *Orthopedic* '32
1 Medical Arts Square,
Albuquerque, N. M. 87106

Parson, William, *Medicine* '42
University of Virginia School of
Medicine, Charlottesville, Va.
22901

*Parsons, Langdon, *Surgery* '29
Board of Consultation, Surgery
203 Commonwealth Ave.,
Boston, Mass. 02116

*Pascale, Jane Fay
Assistant in Pathology M.G.H.

*Patel, Dineshkumar G., *Orthopedic*
'67
Assistant Resident in
Orthopedic Surgery M.G.H.

*Pathak, Madhukar A.
Assistant Biochemist, Dermatology
M.G.H.

Patterson, H. Eugene, *Children's* '52
951 9th St., Albany, Calif. 94706

Patterson, Robert D., *Psychiatry*
(McL) '67 M.G.H.

Patterson, Robert L., Jr., *Orthopedic*
'35
535 East 70th St.,
New York, N. Y. 10021

Patterson, Russell H., *Surgery* '19
Urology '20
200 East 66th St.,
New York, N. Y. 10021

*Patton, Anthony S., *Surgery* '64
Clinical Associate, Surgery
159 Locust St., Danvers, Mass.
01923

Paul, John R., Jr., *Children's* '43
380 Georgetown University
Reservoir Rd., N.W.,
Washington, D.C. 20007

Paul, Oglesby, *Medicine* '43
Passavant Memorial Hospital,
Chicago, Ill. 60611

Peabody, Homer D., Jr., *Medicine*
'45
2001 4th Ave., San Diego, Calif.
92101

Pearl, Don C., Jr., *Surgery* '64
University of Kentucky Medical
Center, Lexington, Ky. 40506

Pearlman, Alan L., *Neurology* '65
Harvard Medical School,
Boston, Mass. 02115

Pearse, Richard L., *Surgery* '34
1821 Green St., Durham, N. C.
27705

Pearson, Carl M., *Pathology* '48
University of California Medical
Center, Los Angeles, Calif.
90024

Pearson, Olaf H., *Medicine* '42
Western Reserve University,
School of Medicine,
Cleveland, Ohio 44106

*Pechet, Maurice M., *Medicine* '52
Assistant in Medicine M.G.H.

Pederson, Donald P., *Anesthesia* '57
650 S. Central Ave.,
Marshfield, Wis. 54449

*Peebles, Richard R.
Associate Psychologist, Psychiatry
M.G.H.

*Peebles, Thomas C., *Children's* '55
Pediatrician M.G.H.

Peete, William P. J., *Surgery* '53
Duke University Medical Center,
Durham, N. C. 27706

Peiffer, Geraldine M., *Anesthesia* '57
6541 Forest Ave., Hammond, Ind. 46324

Peltz, William L., *Psychiatry* (McL) '38
111 North 49th St.,
Philadelphia, Pa. 19139

*Pendergrass, Henry P.
Associate Radiologist M.G.H.

Perkins, Arthur, *Surgery* '25
813 Ogden Canyon, Ogden, Utah 84401

Perkins, William A., *Surgery* '19
3001 Benvenue Ave.,
Berkeley, Calif. 94705

Perley, Abraham I., *Dermatology* '48
2030 11th Ave., South,
Birmingham, Ala. 35205

*Perlo, Vincent P.
Neurologist M.G.H.

*Perlstein, George
Assistant Resident, Pathology
M.G.H.

Perrin, George M., *Children's* '54
Philadelphia General Hospital,
Mills Building,
Philadelphia, Pa. 19104

*Perry, Jalna A., *Psychiatry* (McL) '59
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Perry, John W., *Psychiatry* (McL) '47
2206 Steiner St.,
San Francisco, Calif. 94115

Persons, Elbert L., *Medicine* '30
Duke University Medical Center,
Durham, N. C. 27706

Peters, John H., *Medicine* '43
Veterans Administration,
Medical Service (111), Central Office, Washington, D.C. 20420

Petersen, James A., *Radiology* '56
16 Clarke St., Lexington, Mass. 02173

Peterson, Edwin W., *Medicine* '47
Arneill Clinic, 1765 Sherman St.,
Denver, Colo. 80203

Peterson, Harold O., *Radiology* '36
University of Minnesota Hospitals,
Minneapolis, Minn. 55414

Peterson, Hart de C., *Children's* '61
New York Hospital,
525 East 68th St.,
New York, N. Y. 10021

Petranek, Joseph R., *Medicine* '55
2 Poplar St., Ipswich, Mass. 01938

*Pfeffer, William, Jr.
Clinical Associate in Pediatrics
3 Seaward Rd.,
Wellesley Hills, Mass. 02181

*Pfister, Richard C.
Assistant in Radiology M.G.H.

Phelps, Winthrop M., *Orthopedic* '22
Surgery '23
3038 St. Paul St., Baltimore, Md. 21218

Phillips, Edgar B., II, *Children's* '49
American Child Guidance Foundation,
18 Tremont St., Boston, Mass. 02108

Phillips, Frederic J., *Psychiatry* (McL) '67
M.G.H.

Phippen, Walter G., *Surgery* '06
31 Chestnut St., Salem, Mass. 01970

*Picard, Ernest H., *Neurology* '57
Associate Neurologist M.G.H.

*Pick, Walter, *Children's* '47
Clinical Associate in Pediatrics
42 Fox St., Fitchburg, Mass. 01420

Pickard, Nicholas S., *Orthopedics* '40
411 Nichols Rd., Kansas City, Mo. 64112

*Pier, Arthur S., Jr., *Medicine* '42
Associate Physician
266 Beacon St., Boston, Mass. 02116

Pier, Gardner, *Surgery* '43
Box 68, Truckee, Calif. 95734

*Pierce, Donald S.
Assistant Orthopedic Surgeon M.G.H.

Pierce, Francis D., *Medicine* '31
619 E. Broward Blvd.,
Fort Lauderdale, Fla. 33301

Pietra, Giuseppe G., *Pathology* '62
2020 West Ogden Ave.,
Chicago, Ill. 60612

Pike, Maurice M., *Orthopedic* '29
Old Mountain Rd.,
Farmington, Conn. 06032

Pillsbury, Philip L., *Medicine* '42
3512 Clay St.,
San Francisco, Calif. 94118

Pincus, Theodore P., *Surgery* '67
5517 Aldersbrook Ct.,
Bethesda, Md. 20014

*Piper, Edmund L.
Clinical Associate in Dermatology
96 Chestnut St.,
Portsmouth, N. H. 03801

Pippitt, Richard B., *Medicine* '38
Pathology '39, *Neurology* '41
328 Washington St.,
Wellesley Hills, Mass. 02181

*Pittman, Helen S.
Board of Consultation, Medicine
Higley Road, Groton, Mass. 01450

Pittman, James A., Jr., *Medicine* '54
University of Alabama Medical Center, 1919 7th Ave., South,
Birmingham, Ala. 35233

*Pittman, Joseph G.
Clinical Associate in Medicine
Memorial Hospital,
Worcester, Mass. 01605

*Pittman, Thomas A.
Intern in Surgery M.G.H.

Pitts, John D., *Surgery* '56
110 Lockwood St.,
Providence, R. I. 02903

*Pitts, William R., Jr.
Intern in Surgery M.G.H.

Placak, Joseph C., Jr., *Surgery* '36
Tyron Medical Associates,
100 Jervey Rd., Wryon, N. C. 28782

*Platt, Melvin R., *Surgery* '67
Assistant Resident in Surgery M.G.H.

*Plotkin, Leonard H., *Children's* '56
Clinical Associate in Pediatrics
581 Williams St.,
Longmeadow, Mass. 01106

Poczatek, Zygmunt W., *Dental Medicine* '65
U.S.A. Dental Clinic,
Ft. Jackson, S. C. 29207

Pohl, John F., *Orthopedic* '34
78 South 9th St.,
Minneapolis, Minn. 55402

*Point, W. Warren
Associate Physician M.G.H.

*Polansky, Symon C.
Honorary Surgeon
60 Washington St., Salem, Mass. 01970

Poletti, Charles E., *Surgery* '67
M.G.H.

*Pollard, James J., *Radiology* '63
Assistant Radiologist M.G.H.

Pollard, John T., Jr., *Radiology* '59
236 Highland Ave.,
Somerville, Mass. 02143

*Pollen, Daniel A.
Assistant Neurophysiologist, Neurosurgery M.G.H.

Pollock, Edward J., *Medicine* '67
National Institutes of Health, Bethesda, Md. 20014

*Pontoppidan, Henning, *Anesthesia* '58
Anesthetist M.G.H.

*Pope, Alfred
Neuropathologist (McL)
McLean Hospital, Belmont, Mass. 02178

Porter, Huntington, *Neurology* '46
171 Harrison Ave., Boston, Mass. 02111

*Porter, Philip J., *Children's* '58
Associate Pediatrician
Cambridge City Hospital, Cambridge, Mass. 02139

Porvaznik, John T., Jr., *Surgery* '62
U.S. Public Health Service, Fort Defiance, Ariz. 86504

*Poskanzer, David C., *Neurology* '59
Associate Neurologist M.G.H.

*Poss, Robert I.
Assistant Resident in Orthopedic Surgery M.G.H.

*Postel, Sholem
Assistant in Medicine
75 Mount Auburn St., Cambridge, Mass. 02138

*Potsaid, Majic S., *Radiology* '57
Associate Radiologist; Radiologist (McL) M.G.H.

*Potter, Maxwell G.
Assistant Psychiatrist
1419 Beacon St., Brookline, Mass. 02146

Potts, John T., *Medicine* '59
National Institutes of Health, Bethesda, Md. 20014

*Poulin, Frederick K., *Dentistry* '42
Dental Surgeon
196 Marlborough St., Boston, Mass. 02116

Powell, Sam M., Jr., *Children's* '47
811 South 20th St., Birmingham, Ala. 35205

Powell, William J. Jr., *Medicine* '67
M.G.H.

Prather, George C., *Surgery* '25
1180 Beacon St., Brookline, Mass. 02146

Pratt, Theodore C., *Surgery* '29
110 Francis St., Boston, Mass. 02215

Prensky, Arthur L., *Neurology* '61
Washington University School of Medicine, St. Louis, Mo. 63110

*Prescott, Richmond, *Medicine* '63
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

Preston, Edwin T., *Orthopedic* '67
Children's Hospital Medical, Center, Boston, Mass. 02115

Price, Donald L., *Neurology* '64
U.S. Naval Hospital, Bethesda, Md. 20014

Price, Stuart E., Jr., *Surgery* '58, *Urology* '61
Peoples East End Bldg., Pittsburgh, Pa. 15206

Prieto, Alberto, Jr., *Neurosurgery* '67
M.G.H.

Prindle, Kirk H., *Neurology* '26, *Surgery* '28
865 Culebra Rd., Hillsborough, Calif. 94010

Probst, Jan-Henrik, *Children's* '57
Rigshospitalet, Copenhagen, Denmark

Prus, Alphonse M., *Anesthesia* '61
Grace Hospital, Detroit, Mich. 48201

*Purves, Dale, *Surgery* '65
Assistant Resident, Surgery M.G.H.

Putnam, Henry M., *Medicine* '37
1025 High St., Dedham, Mass. 02026

Putnam, James J., *Children's* '20
30 School St., Foxboro, Mass. 02035

Putnam, Tracy J., *Surgery* '23
450 N. Bedford Dr., Beverly Hills, Calif. 90210

*Putschar, Walter G. J.
Consultant in Pathology M.G.H.

Quan, Stuart H. Q., *Pathology* '47
44 East 67th St., New York, N. Y. 10021

*Quarton, Gardner C., *Neurology* '47 *Psychiatry* '49, *Psychiatry* (McL) '50
Psychiatrist M.G.H.

*Quinby, John T., *Medicine* '41
Assistant Physician M.G.H.

*Quinby, William C., Jr., *Surgery* '50
Assistant Surgeon M.G.H.

Quinn, Thomas J., Jr., *Anesthesia* '50
2217 Webster St., San Francisco, Calif. 94115

*Rabe, Edward F.
Assistant Pediatrician
20 Ash St., Boston, Mass. 02111

Rabinowitz, Murray, *Medicine* '55
University of Chicago, School of Medicine, Chicago, Ill. 60637

*Rabkin, Mitchell T., *Medicine* '62
Assistant in Medicine
Beth Israel Hospital, Boston, Mass. 02215

*Rackemann, Francis M., *Medicine* '14
Honorary Physician
263 Beacon St., Boston, Mass. 02116

Radcliffe, Ernest J., *Orthopedic* '25
833 Riviera St., Venice, Fla. 33595

Radebaugh, John F., Jr., *Children's* '55
University of Rochester Medical Center, Rochester, N. Y. 14620

Radin, Eric L., *Orhopedic* '64
M.G.H.

*Rae, Donald B.
Dental Surgeon
150 Emory St., Attleboro, Mass. 02703

*Raff, Martin C., *Neurology* '66
Resident, in Neurology M.G.H.

Ragland, Stuart, Jr., *Medicine* '52
Smith Hill Rd., Colebrook, Conn. 06021

Raines, Richard B., *Urology* '67
M.G.H.

*Raker, John W., *Surgery* '49
Associate Visiting Surgeon M.G.H.

Ramcharan, Savitri, *Children's* '54
2803 Regent St., Oakland, Calif. 94618

Randall, Raymond V., *Medicine* '46
Mayo Clinic, Rochester, Minn. 55901

Randall, Russell E., Jr., *Medicine* '56
Medical College of Virginia, P.O. Box 102, Richmond, Va. 23219

*Randerath, Erika E.
Assistant Biochemist, Medicine M.G.H.

*Randerath, Kurt
Assistant Biochemist, Medicine M.G.H.

Randolph, Judson G., *Surgery* '58
Children's Hospital,
Washington, D.C. 20009

*Raphling, David L.
Assistant Resident, Psychiatry
M.G.H.

*Rapin, Annette M. C.
Assistant Biochemist, Biochemical Research M.G.H.

Rappleye, Willard C., *Medicine* '19
277 Park Ave.,
New York, N. Y. 10017

Rasmussen, Howard, *Medicine* '55
4310 Osage Ave., Philadelphia, Pa. 19104

Rasmussen, Jane S., *Children's* '55
4310 Osage Ave., Philadelphia, Pa. 19104

Ratcliffe, John W., *Surgery* '46
104 St. Matthew's Ave.,
San Mateo, Calif. 94401

*Ray, Barbara A.
Assistant in Psychology,
Neurology M.G.H.

Ray, Leon F., *Dermatology* '39
Medical Dental Bldg.,
Portland, Ore. 97205

Rebello, Désiré J. A., *Dermatology* '54
166 D. Naoroji Road,
Bombay 50, India

*Record, Eugene E., *Neurosurgery* '37, *Orthopedic* '41
Associate Orthopedic Surgeon
M.G.H.

*Rectanus, Daniel R.
Clinical Associate, Children's Service
743 High St., Dedham, Mass. 02026

Reed, Carson R., Jr., *Orthopedic* '36
2520 Line Ave., Shreveport, La. 71104

Reed, John M., *Surgery* '62
238 Coleman Dr.,
San Rafael, Calif. 94901

Reeves, Robert J., *Radiology* '26
Duke University Medical Center,
Durham, N. C. 27706

Register, John F., *Orthopedic* '36
1008 Professional Village,
Greensboro, N. C. 27401

*Reid, Duncan E.
Board of Consultation, Gynecology
221 Longwood Ave.,
Boston, Mass. 02115

Reid, Elizabeth Aub, *Medicine* '52
30 Arlington St.,
Cambridge, Mass. 02140

*Reidy, John A., *Orthopedic* '39
Associate Orthopedic Surgeon
3 Seaward Rd.,
Wellesley Hills, Mass. 02181

*Reinhardt, Scott A
Assistant Psychologist (McL)
McLean Hospital,
Belmont, Mass. 02178

Remensnyder, John P., Jr., *Surgery* '64
Assistant in Surgery M.G.H.

*Rendall, Edward S.
Assistant in Medicine
15 Dix St., Winchester, Mass. 01890

Renshaw, Charles L., *Orthopedic* '65
4209 Sarita St.,
Fort Worth, Texas 76109

Replogle, Robert L., *Surgery* '65 '65
Children's Hospital Medical Center, Boston, Mass. 02115

*Rever, George W.
Assistant in Psychiatry M.G.H.

Revercomb, Paul H., *Medicine* '33
311 Atlas Bldg.,
Charleston, W. Va. 25301

Reyersbach, Gertrud C., *Children's* '45
330 Dartmouth, St., Boston, Mass. 02116

Reynolds, George S., *Surgery* '24
Oblong Rd., Williamstown, Mass. 01267

*Reynolds, Stephen L., *Children's* '63
Assistant Pediatrician M.G.H.

*Rhine, Mark, *Psychiatry* (McL) '66
Assistant Resident, Psychiatry M.G.H.

Rhinelander, Frederic W., *Surgery* '37, *Orthopedic* '38
Cleveland Metropolitan General Hospital, Cleveland, Ohio 44109

*Rhodes, Frank I.
Honorary Surgeon
1352 Beacon St., Brookline, Mass. 02146

Rhodes, John S., *Urology* '35
700 W. Morgan St., Raleigh, N. C. 27603

*Rice, Jack O., *Psychiatry* (McL) '59
Assistant in Psychiatry
1 Emerson Pl., Boston, Mass. 02114

Rich, James G., *Orthopedic* '64
38 Rockview St.,
Boston, Mass, 02130

*Rich, Joseph C., Jr., *Neurosurgery* '67
Assistant Resident in Neurosurgery M.G.H.

Richards, Dexter N., Jr., *Surgery* '48
3000 Colby St., Berkeley, Calif. 94705

Richards, Robert S., *Radiology* '58
Salem Hospital, Salem, Mass. 01970

*Richardson, Edward P., *Medicine* '43, *Psychiatry* '47
Neurologist; Neuropathologist M.G.H.

*Richardson, George S., *Surgery* '54
Associate Visiting Surgeon M.G.H.

Richardson, William R., *Surgery* '50
250 William Howard Taft, Rd., Cincinnati, Ohio 45219

*Richie, Robert H., Jr., *Children's* '57
Clinical Associate in Pediatrics
330 Mount Auburn St., Cambridge, Mass. 02138

Richmond, Martin B., *Psychiatry* (McL) '66
University of Chicago,
950 East 59th St., Chicago, Ill. 60637

*Richter, Howard A.
Assistant Resident, Neurosurgery M.G.H.

Riddell, Richard V., *Surgery* '43 *Pathology* '47
902 Edmond St., St. Joseph, Mo. 64502

*Riddle, David E.
Assistant Resident, Anesthesia M.G.H.

*Rider, Robert F., *Radiology* '67
Assistant Resident in Radiology M.G.H.

*Rieder, Sidney V.
Chief of Clinical Chemistry Laboratories M.G.H.

Riege, David H., *Children's* '47
81 S. Main St.,
West Hartford, Conn. 06107

*Riseborough, Edward J.
Assistant in Orthopedic Surgery M.G.H.

Risley, Thomas S., *Surgery* '47
Beverly Hospital, Beverly, Mass. 01915

Ritchie, Alexander C., *Pathology* '54
Department of Pathology,
University of Toronto,
Toronto, Canada

Robbins, John B., *Children's* '61
University of Florida, College of Medicine, Gainesville, Fla. 32603

*Robbins, Laurence L., *Radiology* '41
Chief of Radiological Department M.G.H.

*Robbins, Michael D.
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Robboy, Stanley J., *Pathology* '67
M.G.H.

Roberts, Charles D., *Medicine* '38
605 Palisade Ave.,
Englewood Cliffs, N. J. 07632

Robertson, Charles W., *Pathology* '42, *Surgery* '47
203 Commonwealth Ave.,
Boston, Mass. 02116

*Robey, John S., *Children's* '56
Assistant Pediatrician
51 Brattle St., Cambridge, Mass. 02138

Robillard, F. Robert, *Pathology* '56
191 Britanny St.,
Montreal, Canada

Robillard, Raymond L., *Neurology* '57
1150 St. Joseph St., East,
Montreal, Canada

Robins, Eli, *Psychiatry* '45
Washington University, School of Medicine, St. Louis, Mo. 63110

*Robinson, Dwight R., *Surgery* '59, *Medicine* '61
Assistant Physician M.G.H.

Robinson, Esther H., *Children's* '65
Johns Hopkins Hospital,
Baltimore, Md. 21205

*Robinson, John C., *Children's* '67
Assistant in Pediatrics M.G.H.

*Robinson, Phelps M., *Psychiatry* (McL) '60
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Robinson, William A., *Medicine* '64
346 Greybull Ave.,
Greybull, Wyo. 82426

*Rock, John, *Surgery* '19
Honorary Surgeon
77 Glen Rd., Brookline, Mass. 02146

Rockey, Eugene W., *Surgery* '14
Box 101, Arch Cape, Oreg. 97102

Rodgers, Richard S., *Urology* '47
822 Marquette Ave.,
Minneapolis, Minn. 55402

*Rodkey, Grant V., *Orthopedic* '45, *Surgery* '50
Associate Visiting Surgeon
Zero Emerson Pl., Boston, Mass. 02114

Rodman, Charles A., II, *Surgery* '62, *Anesthesia* '63
H.O.P. 614, Aloha Rd., Salt Lake City, Utah 84103

Roe, Benson B., *Surgery* '50
384 Post St., San Francisco, Calif. 94108

Rogentine, George N., Jr., *Medicine* '64
National Institutes of Health,
Bethesda, Md. 20014

Rogers, Daniel M., *Children's* '38
123 Main St., Wenham, Mass. 01984

*Rogers, Horatio, *Surgery* '25
Honorary Surgeon
580 Osgood St.,
North Andover, Mass. 01854

Rogers, Orville F., *Medicine* '16
140 Ogden St., New Haven, Conn. 06511

*Rogers, William A., *Orthopedic* '24
Honorary Surgeon

1075 Waverly Pl.,
Schenectady, N. Y. 12308

*Rogers, William P., Jr.
Assistant Surgeon
1101 River Rd., Weston, Mass. 02193

Rolde, Alexandra Kail, *Psychiatry* (McL) '64
Beth Israel Hospital,
Boston, Mass. 02215

Rolett, Ellis L., *Medicine* '60
University of North Carolina, School of Medicine,
Chapel Hill, N. C. 27515

Ronat, Judith G., *Psychiatry* (McL) '63
9 Alcalay St., Rehovoth, Israel

Root, Richard K., *Medicine* '65
National Institutes of Health,
Bethesda, Md. 20014

*Ropes, Marian W., *Medicine* '34
Physician M.G.H.

Rosales, Remedios K., *Neuropathology* '52, *Pathology* '54
42 Fernald Dr.,
Cambridge, Mass. 02138

Rose, Augustus S., *Medicine* '34, *Psychiatry* (McL) '34
University of California Medical Center, Los Angeles, Calif. 90024

Rose, James A., *Medicine* '58
5804 Lenox Road,
Bethesda, Md. 20034

Rose, Patrick F., *Children's* '59
3403 Hall St., Dallas, Texas 75225

Rosen, Robert B., *Children's* '54
1500 E. Duarte Rd., Duarte, Calif. 91010

Rosen, Victor J., Jr., *Pathology* '59
Wadsworth Hospital,
Veterans Administration Center,
Los Angeles, Calif. 90073

Rosenbaum, Milton, *Psychiatry* (McL) '37, *Psychiatry* '39
Abraham Jacobi Hospital,
Pelham Pkwy. South, East Chester Rd., Bronx, N. Y. 10461
Albert Einstein College of Medicine, Bronx, N. Y. 10461

Rosenberg, Bruce M., *Children's* '66
U.S. Naval Hospital,
Camp Lejeune, N. C. 28542

Rosenberg, E. William, *Dermatology* '59
899 Madison Ave.,
Memphis, Tenn. 38103

*Rosenberg, Earle H., *Dentistry* '60
Assistant Oral Surgeon
110 Francis St., Boston, Mass. 02215

Rosenberg, Irwin H., *Medicine* '61
Boston City Hospital,
Boston, Mass. 02118

*Rosenberger, Peter B.-B.
Assistant in Pediatrics
M.G.H.

*Rosene, Philip Gordon
Assistant Resident, Anesthesia
M.G.H.

Rosenkrantz, Jens G., *Surgery* '61
University of Colorado Medical Center, Denver, Colo. 80220

Rosenman, Leonard D., *Surgery* '49
2320 Sutter St.,
San Francisco, Calif. 94115

Rosenthal, Albert L., *Dermatology* '56
724 W. State St., Trenton, N. J. 08618

*Rosenthal, Murray K., *Children's* '62
Assistant in Pediatrics
1 Salem St., Wakefield, Mass. 01880

*Rosman, Norman P.
Assistant in Neurology; Assistant in Pediatrics M.G.H.

*Ross, Jean D.
Clinical Associate in Pediatrics
5209 Mt. Alifum Dr.,
San Diego, Calif. 92111

*Ross, Mathew
Associate Attending Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Ross, Ralph A.
Pediatrician
51 Brattle St., Cambridge, Mass. 02138

Rosser, Curtice, *Surgery* '18
1719 Pacific Ave., Dallas, Texas 75201

Roth, James L. d'A., *Medicine* '45
University of Pennsylvania Medical Center, 51, W 39th St., Philadelphia, Pa. 19104

*Roth, Sanford I., *Pathology* '58
Assistant Pathologist M.G.H.

Rothberg, Harvey D., Jr., *Medicine* '59
253 Witherspoon St., Princeton, N. J. 08550

Rothfeld, Leonard J., *Anesthesia* '55
3301 Clayton Rd., Concord, Calif. 94521

*Rounds, Charles E., *Dentistry* '47
Clinical Associate, Oral Surgery
97 Columbian St., South Weymouth, Mass. 02190

Rovit, Richard L., *Neurosurgery* '58
St. Vincent's Hospital, Staten Island, N. Y. 10310

*Rowe, Carter R., *Orthopedic* '39
Visiting Orthopedic Surgeon M.G.H.

Rowe, John C., *Medicine* '57
2425 Geary Blvd., San Francisco, Calif. 94115

Rowland, Christopher Van A., Jr., *Psychiatry* '62, *Psychiatry* (McL) '63
Peter Bent Brigham Hospital, Boston, Mass. 02115

Rubinstein, Jack H., *Children's* '55
Children's Hospital, Cincinnati, Ohio 45229

*Ruboy, Jordan S., *Children's* '60
Assistant in Pediatrics
Concord Medical Center, Concord, Mass. 01742

Ruffin, Marshall deG., *Pathology* '40
2015 R St., N.W., Washington, D.C. 20009

Rukes, J. Max, *Medicine* '52
3905 Sacramento St., San Francisco, Calif. 94118

Ruley, Henry B., *Neurosurgery* '39 *Surgery* '42
Medical Arts Bldg., Oak Ridge, Tenn. 37832

Runyon, Robert C., *Orthopedic* '64
Children's Hospital Medical Center, Boston, Mass. 02115

Russell, Henry N., Jr., *Children's* '39
9434 Lakewood Drive, Grosse Ile, Mich. 48138

*Russell, Paul S., *Surgery* '56
Chief of Surgical Services M.G.H.

Russfield, Agnes B., *Pathology* '51
35 Binney St., Boston, Mass. 02115

Rutherford, Robert N., *Surgery* '38
707 Broadway, Seattle, Wash. 98122

Rutherford, Rondall W., *Children's* '33
21 Herrick Rd., Newton Centre, Mass. 02159

Rutledge, Robb H., *Surgery* '57
901 S. Lake St., Fort Worth, Texas 76104

Rutman, Joel, *Children's* '64
Babies and Children's Hospital, Cleveland, Ohio 44106

*Rutstein, David D.
Consultant in Preventive Medicine
25 Shattuck St., Boston, Mass. 02115

Rutter, Thomas, *Surgery* '49
843 E. Main St., Medford, Ore. 97501

Ryan, James J., *Surgery* '66
National Cancer Institute, NIH, Bethesda, Md. 20014

Ryan, James P., *Dentistry* '53
9 South Main St., Mechanicville, N. Y. 12118

Ryan, Kenneth J., *Medicine* '54
University Hospitals, Cleveland, Ohio 44106

Ryan, Kevin G., *Medicine* '60
Temple University Hospital, Philadelphia, Pa. 19140

Rygorsky, Jerome E., *Medicine* '66
820 Wilkerson Ave., Durham, N. C. 27701

*Sabesin, Seymour M.
Assistant in Medicine M.G.H.

Sabin, Hilbert S., *Urology* '41
4903 Rockwood Parkway, N.W., Washington, D.C. 20016

*Sachs, Benjamin
Assistant Pediatrician
Lakeville Hospital, Lakeville, Mass. 02346

Sack, Lawrence C., *Radiology* '62
Menninger Foundation, Topeka, Kan. 66601

Sahay, Bal M., *Psychiatry* '59
New End Hospital, London, N. W. 3, England

Sahler, Otto DeP., *Radiology* '42
Mary Imogene Bassett Hospital, Cooperstown, N. Y. 13326

Saidi, Farrokh, *Surgery* '60
Saadi Hospital, Shiraz, Iran

St. Aubin, Paul M. G., *Medicine* '48, *Radiology* '53
1355 North Beaver St., Flagstaff, Ariz. 86001

*St. Goar, Walter T., *Medicine* '52
Assistant Physician
262 Beacon St., Boston, Mass. 02116

*Salam, Maria V. Z.
Associate Neurologist, Pediatric Neurology M.G.H.

Salamanca, Juan J., *Anesthesia* '43
Calle 25A, No. 13A-35, Bogotá, Colombia

Salib, Philip I., *Orthopedic* '64
Zero Emerson Pl., Boston, Mass. 02114

*Salzman, Edwin W., *Surgery* '61
Clinical Associate, Surgery
Beth Israel Hospital, Brookline, Mass. 02215

*Samaha, Frederick J.
Assistant in Neurology M.G.H.

Samiy, Hussein E., *Medicine* '61
Ebtehaj, Resht, Iran

Sampson, D. Allen, *Radiology* '37
Suburban Square Bldg., Ardmore, Pa. 19003

Sampson, John J., *Medicine* '23
2233 Post St., San Francisco, Calif. 94115

Sams, Bruce J., Jr., *Medicine* '58
2425 Geary Blvd., San Francisco, Calif. 94115

Sanborn, Frederick, *Neurosurgery* '39
Barnstable County Hospital, Pocasset, Mass. 02559

*Sanchez, Guillermo C., *Medicine* '51
Assistant Physician
330 Dartmouth St., Boston, Mass. 02116

*Sanders, Charles A.
Assistant Physician M.G.H.

*Sanders, Jay H., *Medicine* '65
Resident in Medicine M.G.H.

Sanders, R. Wyman, *Children's* '61
634 Enchanted Way, Pacific Palisades, Calif. 90272

Sandifer, Myron G., Jr., *Medicine* '49
University of Kentucky Medical Center, Lexington, Ky. 40506

*Sandler, Allan I., *Medicine* '58
Assistant Physician M.G.H.

*Sanford, Barbara H.
Assistant Biologist, Pathology M.G.H.

Santoro, Benjamin T., *Surgery* '62
1 Dover Rd., Dover, Mass. 02023

Saravia, Rafael, *Orthopedic* '67
Calle 75A, #19-50,
Bogota, Columbia

Sargent, Francis B., *Surgery* '20
124 Waterman St.,
Providence, R. I. 02906

Sarnoff, Stanley J., *Surgery* '47
National Institutes of Health,
Bethesda, Md. 20014

*Sarris, Spiros P., *Surgery* '40
Clinical Associate, Surgery
56 Broad St., Lynn, Mass. 01902

Sasahara, Arthur A., *Medicine* '57
Veterans Administration Hospital,
West Roxbury, Mass. 02132

Saslow, George, *Psychiatry* '43
University of Oregon Medical School, Portland, Ore. 97201

Satin, David G., *Psychiatry* '60
Psychiatry (McL) '61
Boston University,
232 Bay State Rd., Boston, Mass. 02215

Saunders, George M., *Surgery* '28
1200 S. Ocean Blvd.,
Boca Raton, Fla. 33432

Saunders, Gordon A., *Medicine* '37
94 Pleasant St., Arlington, Mass. 02174

Sawyer, Carl S., *Dermatology* '43
184 Waterman St.,
Providence, R. I. 02906

Scaliter, Dora F., *Psychiatry* '67
(McL) '66
74 Moraine St.,
Jamaica Plain, Mass. 02130

Scanlon, John W., *Children's* '67
Assistant Resident Children's Service M.G.H.

*Scannell, J. Gordon, *Surgery* '46
Visiting Surgeon M.G.H.

*Scatchard, George
Consultant in Physics to Orthopedic Service
984 Memorial Drive,
Cambridge, Mass. 02139

*Sceery, Robert T., *Children's* '53
Associate Pediatrician
109 N. Main St., Cohasset, Mass. 02025

Schaaf, Royal S., *Medicine* '48
Prudential Insurance Company of America, Prudential Plaza,
Newark, N. J. 07102

*Schantz, Arthur S.
Intern in Pathology M.G.H.

*Schapiro, Robert H., *Medicine* '63
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

*Schatzki, Richard
Consultant in Radiology
1180 Beacon St., Brookline, Mass. 02146

Schatzki, Stefan C., *Radiology* '60
1180 Beacon St., Brookline, Mass. 02146

Schauble, James F., *Anesthesia* '67
M.G.H.

Schenk, Worthington G., Jr., *Surgery* '46
164 Doncaster Rd.,
Kenmore, N. Y. 14217

*Scheuplein, Robert
Assistant Physical Chemist, Dermatology M.G.H.

Schiebler, Gerald L., *Children's* '55, *Medicine* '56
University of Florida College of Medicine, Gainesville, Fla. 32601

Schimke, Robert T., *Medicine* '60
838 Esplanada Way, Stanford, Calif. 94305

*Schmidek, Henry H. H.
Assistant Resident, Neurosurgery M.G.H.

Schmidt, Robert A., *Anesthesia* '60
201 E. Bradley Rd., Milwaukee, Wis. 53217

Schmitt, E. William, Jr., *Orthopedic* '66
Children's Hospital Medical Center, Boston, Mass. 02115

Schnabel, Truman G., Jr., *Medicine* '47
Philadelphia General Hospital, Philadlphia, Pa. 19104

Schneider, Benjamin, *Radiology* '47
19 Garfield Pl., Cincinnati, Ohio 45202

Schneider, Chester C., *Surgery* '19
6370 N. Lake Dr., Milwaukee, Wis. 53217

Schneiderman, R. Neal, *Dermatology* '58
712 N. Washington St., Dallas, Texas 75246

*Schnitzer, Robert D.
Associate Psychologist (McL) McLean Hospital, Belmont, Mass. 02178

*Schnur, James A.
Assistant Resident, Neurology M.G.H.

Schoen, Edgar J., *Children's* '54
Kaiser Foundation Hospital, Oakland, Calif. 94611

Scholl, Albert J., *Surgery* '17
1536 Club View Dr., Los Angeles, Calif. 90024

*Scholl, Mary Louise
Associate Pediatrician; Assistant in Neurology M.G.H.

Schuler, James D., *Children's* '39
1010 14th Ave., N. W., Ardmore, Okla. 73401

*Schulman, Joseph D., *Children's* '67
Assistant Resident, Children's M.G.H.

*Schulz, Milford D.
Radiologist M.G.H.

Schuntermann, Peter, P. E., *Children's* '62
Yale University, Child Study Center, New Haven, Conn. 06520

Schupack, Melvyn B., *Psychiatry* (McL) '63
6805 24th St., Patton Park, Fort Hood, Texas 76541

Schuster, Samuel R., *Surgery* '52
Children's Hospital Medical Center, Boston, Mass. 02115

*Schwab, Robert S., *Neurology* '35
Neurologist M.G.H.

Schwartz, Abraham B., *Children's* '14
Milwaukee Children's Hospital, Milwaukee, Wis. 53233

Schwartz, Gabriel H., *Medicine* '66
New York Hospital, 523 E. 68th St., New York, N. Y. 10021

Schwyzer, Marguerite, *Medicine* '46
8 Crocus Hill, St. Paul, Minn. 55102

Scolnick, Edward M., *Medicine* '67
National Institutes of Health, Bethesda, Md. 20014

*Scott, H. Denman, *Medicine* '67
Assistant Resident, Medicine M.G.H.

*Scott, Jesse F.
Associate Biophysicist, Medicine
M.G.H.

Scott, Murray W., Jr., *Surgery* '45
315 McKinley Ave., N. W.,
Canton, Ohio 44702

Scott, Thornton, *Medicine* '39
1517 Nicholasville Rd.,
Lexington, Ky. 40503

Scott, William R., *Neurology* '67
M.G.H.

*Scully, Robert E.
Pathologist M.G.H.

Sears, John B., *Surgery* '29
416 Marlborough St.,
Boston, Mass. 02115

Seed, John C., *Medicine* '46
40 Graham Road,
Scarsdale, N. Y. 10585

Seeley, Clinton B., *Radiology* '60
358 N. Main St., Andover, Mass.
01811

Seigle, Stewart P., *Medicine* '46
85 Jefferson St., Hartford, Conn.
06103

*Seigne, T. David
Associate Anesthetist M.G.H.

Sell, Stewart, *Pathology* '62
University of Pittsburgh
School of Medicine,
Pittsburgh, Pa. 15213

Seltzer, Ronald A., *Radiology* '66
Stanford University Medical
Center, Palo Alto, Calif. 94304

Selverstone, Bertram, *Neurosurgery*
'47
171 Harrison Ave., Boston, Mass.
02111

*Semon, Ralph G.
Associate Psychologist (McL)
McLean Hospital, Belmont, Mass.
02178

Semrad, Elvin V., *Psychiatry* (McL)
'38
74 Fenwood Rd., Boston, Mass.
02115

Senghas, Richard E., *Orthopedic* '61
40 Evergreen St.,
Framingham, Mass. 01701

*Senior, Boris, *Children's* '51
Assistant Pediatrician
20 Ash St., Boston, Mass. 02111

*Sens, Richard, *Psychiatry* (McL) '64
Assistant Attending Psychiatrist
(McL)
McLean Hospital, Belmont, Mass.
02178

Shaffer, Frederick G., *Urology* '55,
Surgery '56
1343 Locust Ave.,
Fairmont, W. Va. 26554

Shaffer, Hubert A., *Radiology* '32
Monongalia General Hospital,
Morgantown, W. Va. 26504

*Shangraw, Keith A.
Dental Surgeon
96 Bay State Rd., Boston, Mass.
02115

*Shannon, Daniel C., *Children's* '65
Assistant in Pediatrics M.G.H.

Shannon, Edward W., *Neurosurgery*
'44
930 Hanna Bldg., Cleveland, Ohio
44115

Shannon, James G., *Orthopedic* '31
1414 Drummond Medical Bldg.,
Montreal, Canada

*Shannon, James M., *Surgery* '54
Clinical Associate, Surgery
79 Highland Ave., Salem, Mass.
01970

Shannon, Paul W., *Orthopedic* '34
1927 1st Ave., North,
Birmingham, Ala. 35203

*Sharp, Geoffrey W. G.
Assistant in Pharmacology,
Medicine M.G.H.

Sharpe, J. Douglass, *Psychiatry* (McL) '51
Brattleboro Retreat,
Brattleboro, Vt. 05301

*Sharpe, William, Jr.
Assistant in Psychiatry
51 Brattle St., Cambridge, Mass. 02138

*Shattuck, George C., *Medicine* '06
Consultant in Tropical Diseases, Medicine
25 Shattuck St., Boston, Mass. 02115

*Shaw, Daniel
Resident Psychiatrist (McL)
McLean Hospital,
Belmont, Mass. 02178

Shaw, Edward B., *Children's* '24
University of California School of Medicine, San Francisco, Calif. 94122

Shaw, Joseph L., *Orthopedic* '66
2475 Pacific Ave.,
San Francisco, Calif. 95126

Shaw, John L., *Surgery* '35, *Urology* '37
899 Madison Ave.,
Memphis, Tenn. 38103

Shaw, Robert S., *Surgery* '52
Zero Emerson Pl.,
Boston, Mass. 02114

Shea, Cornelius J., *Surgery* '43
1101 Beacon St., Brookline, Mass. 02146

*Shea, Thomas E., *Radiology* '67
Assistant in Radiology M.G.H.

Sheagren, John N., *Medicine* '64
13313 Glen Mill Rd.,
Rockville, Md. 20850

Shealy, C. Norman, *Neurosurgery* '62
Gundersen Clinic, La Crosse, Wis. 54601

*Shean, Fredric C.
Resident in Medicine M.G.H.

Shedden, William M., *Urology* '21, *Surgery* '22
159 S. Halifax Ave.,
Daytona Beach, Fla. 32018

*Shein, Harvey M., *Psychiatry* (McL) '65
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Sheldon, Charles P., *Surgery* '31
Clinical Associate in Obstetrics, Gynecology
319 Longwood Ave.,
Boston, Mass. 02115

Sheldon, David B., *Surgery* '55
10911 Weyburn Ave.,
Los Angeles, Calif. 90024

*Shelton, William R.
Assistant in Psychiatry
575 Mount Auburn St.,
Cambrdige, Mass. 02138

*Sherman, Lewis J.
Associate Psychologist (McL)
McLean Hospital, Belmont, Mass 02178

Shields, Lawrence T.
Assistant Resident, Orthopedic
M.G.H.

Shine, Kenneth I., *Medicine* '66
M.G.H.

Ship, Irwin I., *Dentistry* '57
Philadelphia General Hospital,
Philadelphia, Pa. 19104

Shipley, Margaret S., *Medicine* '43
1109 Sunset Blvd.,
North Canton, Ohio 44720

*Shipley, William U., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Shipman, Thomas L., *Surgery* '36
Box 1663, Los Alamos, N. M. 87544

Shirley, J. Newton, *Surgery* '18
Chestnut St.,
South Duxbury, Mass. 02374

Shorey, William D., *Surgery* '50
122 S. Michigan Ave.,
Chicago, Ill. 60603

*Short, Charles L., *Medicine* '33
Board of Consultation, Medicine
264 Beacon St.,
Boston, Mass. 02116

Shugar, Joseph L., *Orthopedic* '50
Jewish General Hospital,
Montreal, Canada

*Shulman, Leonard B.,
Dental Medicine '62
Dental Surgeon
976 Main St., Waltham, Mass.
02154

Shurtleff, David B., *Children's* '57
University of Washington School
of Medicine, Seattle, Wash. 98105

Shuter, Eli R., *Neurology* '62
729 W. Lakewood Ave.,
Glendale, Mo. 63122

*Sidel, Victor W.
Assistant Physician M.G.H.

*Sidman, Murray
Psychologist, Neurology M.G.H.

*Sidman, Richard L., *Neurology* '56
Assistant Neurologist
25 Shattuck St., Boston, Mass.
02115

*Sifneos, Peter E., *Psychiatry* (McL)
'50, *Psychiatry* '52
Psychiatrist M.G.H.

Silverman, A. Clement, *Children's*
'17
404 University Ave.,
Syracuse, N. Y. 13210

*Silverstein, Samuel C.
Assistant Resident, Medicine
M.G.H.

*Simeone, Fiorindo A., *Surgery* '40
Board of Consultation, Surgery
Cleveland Metropolitan General
Hospital, Cleveland, Ohio 44109

*Simmel, Marianne L.
Assistant Psychologist,
Neurosurgery
Brandeis University,
Waltham, Mass. 02154

*Simon, Franklin S.
Resident Psychiatrist (McL)
McLean Hospital,
Belmont, Mass. 02178

*Simon, Harvey B.
Intern in Medicine M.G.H.

Simon, Harold, *Radiology* '61
171 Harrison Ave., Boston, Mass.
02111

Simon, Royal L., *Orthopedic* '32
2766 North East 15th St.,
Fort Lauderdale, Fla. 33304

*Simon, William H., *Orthopedic* '67
Resident in Orthopedic
Surgery M.G.H.

*Simone, Andrew A., *Dermatology*
'67
Chief Resident, Dermatology
M.G.H.

Sinclair, Edmond B., *Children's* '40
176 Evergreen St.,
Providence, R. I. 02914

*Sinesi, Sabino J.
Clinical Associate, Dermatology
461 Pleasant St., Brockton, Mass.
02401

Singh, Madan M., *Medicine* '56
Institute of Medical Science,
New Delhi, India

Singleton, John W., *Medicine* '62
University of Colorado Medical
Center, Denver, Colo. 80220

Siperstein, Marvin D., *Medicine* '55
Southwestern Medical School of
the University of Texas,
Dallas, Texas 75235

*Sisson, John H.
Assistant in Medicine
203 Commonwealth Ave.,
Boston, Mass. 02116

*Sisson, Warren R., *Children's* '12
Honorary Physician
203 Commonwealth Ave.,
Boston, Mass. 02116

Skinner, Alfred L., Jr., *Children's* '53
3003 81st St., S.E.,
Mercer Island, Wash. 98040

Skinner, David B., *Surgery* '65
School of Aerospace Medicine,
Brooks Air Force Base,
San Antonio, Texas 78235

Skinner, Donald G., *Surgery* '65
Brandenberg Air Force Base,
Lompoc, Calif. 93436

Skinner, James C., *Psychiatry* '48
750 Harrison Ave., Boston, Mass.
02118

*Skinner, Mary D., *Dermatology* '67
Assistant Resident in Dermatology
M.G.H.

*Slater, Barbara L.
Assistant Resident, Anesthesia
M.G.H.

Slater, Eliot M., *Anesthesia* '60
Union Hospital, Lynn, Mass.
01904

*Sledge, Clement B., *Orthopedic* '62
Assistant in Orthopedic Surgery
M.G.H.

*Sleeper, Edward L.
Clinical Associate,
Oral Surgery
5 Emerson Pl., Boston, Mass.
02114

Sloane, Robert B., *Psychiatry* '53
Temple University School of
Medicine, Philadelphia, Pa. 19104

*Sloane, Robert E.
Intern in Surgery M.G.H.

*Sloss, Laurence J., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

*Smedley, Lois M.
Assistant in Pediatrics
M.G.H.

Smillie, John W., *Surgery* '45
326 N. Ingalls St.,
Ann Arbor, Mich. 48104

Smith, Arnold L., *Children's* '65
5900 Conway Rd., Bethesda, Md.
20034

*Smith, Charles M., *Orthopedic* '67
Assistant Resident in Orthopedic
Surgery M.G.H.

Smith, Curtis E., *Medicine* '19,
Surgery '21
490 Post St., San Francisco, Calif.
94102

Smith, Edward T., *Orthopedic* '37
6410 Fannin St., Houston, Texas
77025

*Smith, Gene M.
Psychologist, Anesthesia;
Psychologist, Psychiatry
M.G.H.

Smith, Howard W., *Dentistry* '46
100 York St., New Haven, Conn.
06511

*Smith, Judson A.
Honorary Surgeon
1180 Beacon St., Brookline, Mass.
02146

Smith, Lloyd H., Jr., *Medicine* '56
University of California Hospitals,
San Francisco, Calif. 94122

Smith, Marion L., *Anesthesia* '51
Mid-State Medical Center,
Nashville, Tenn. 37203

Smith, Norman T., *Anesthesia* '60
711 Maplewood Ave.,
Palo Alto, Calif. 94303

Smith, Raphael F., *Medicine* '65
U.S. Navy Aerospace Medical
Institute, Pensacola, Fla. 32508

*Smith, Richard G.
Intern in Medicine M.G.H.

Smith, Richard H., *Psychiatry* '58
361 Massachusetts Ave.,
Arlington, Mass. 02174

Smith, Richard M., *Medicine* '09
401 Beacon St., Boston, Mass.
02115

Smith, Robert P., *Medicine* '43
Vermont Rehabilitation Center,
Burlington, Vt. 05401

Smith, Thomas W., *Medicine* '67
M.G.H.

Smith, W. Pierce, *Medicine* '56
Henry Ford Hospital,
Detroit, Mich. 48202

*Smith, William D., *Medicine* '13
Honorary Physician
20 Chapel St., Brookline, Mass.
02146

*Smitherman, Thomas C.
Intern in Medicine M.G.H.

*Smith-Petersen, Morten, *Orthopedic*
'52
Assistant Orthopedic Surgeon
266 Beacon St., Boston, Mass.
02116

*Smithwick, Reginald H., *Surgery* '28
Board of Consultation, Surgery
203 Commonwealth Ave.,
Boston, Mass. 02116

Sneddon, Ernest A., *Anesthesia* '54
750 Harrison Ave., Boston, Mass.
02118

*Snider, Marvin
Associate Psychologist (McL)
McLean Hospital, Belmont, Mass.
02178

Snodgrass, Samuel R., *Medicine* '67
Children's Hospital Medical
Center, Boston, Mass. 02115

Snyder, John C., *Medicine* '39
55 Shattuck St., Boston, Mass.
02115

Snyder, Monica H., *Anesthesia* '35
10883 Whipple St.,
North Hollywood, Calif. 91602

Snyder, William H., Jr., *Surgery* '35
1400 N. Vermont Ave.,
Los Angeles, Calif. 90027

Sober, Stanley, *Orthopedic* '53
452 Victoria St., London,
Ontario, Canada

*Sohier, W. Davies, Jr., *Medicine* '51
Assistant Physician M.G.H.

Soholt, Stanley T., *Orthopedic* '51
139 Arch St., Redwood City, Calif.
94062

*Solomon, Harry C.
Honorary Physician; Consulting
Psychiatrist (McL)
15 Ashburton Pl., Boston, Mass.
02130

Solomon, James, *Neurology* '44
11600 Wilshire Blvd.,
Los Angeles, Calif. 90025

*Solomon, Leonard F.
Assistant Social Scientist (McL)
McLean Hospital, Belmont, Mass.
02178

*Soloway, Albert H.
Associate Chemist, Neurosurgery
M.G.H.

Sosa, Dagoberto, *Neurosurgery* '59
11 Calle 2-37, Zone 1,
Guatemala City, Guatemala

Sosman, John L., *Radiology* '52
Robert Breck Brigham Hospital,
Boston, Mass. 02120

Soule, A. Bradley, Jr., *Radiology* '32
Mary Fletcher Hospital,
Burlington, Vt. 05401

*Soutter, Lamar, *Surgery* '41
Board of Consultation, Surgery
577 Bridge St., Dedham, Mass.
02026

*Sowles, Horace K., *Surgery* '18
Honorary Surgeon
413 Blackstrap Rd.,
Falmouth, Maine 04105

*Sox, Harold C., Jr., *Medicine* '67
Assistant Resident, Medicine
M.G.H.

Soyka, Lester F., *Children's* '63
Stanford University Medical
Center, Stanford, Calif. 94305

Spalding, Roger, *Medicine* '02
Longwood Towers,
Brookline, Mass. 02146

*Spangler, Arthur S., *Dermatology* '45
Assistant in Dermatology
3 Hawthorne Pl.,
Boston, Mass. 02114

Spangler, Paul E., *Surgery* '25
3107 Flora St.,
San Luis Obispo, Calif. 93401

Spann, James F., Jr., *Medicine* '63
National Institutes of Health,
Bethesda, Md. 20014

Sparling, Philip F., *Medicine* '64
23 Birch St.,
Needham Heights, Mass. 02194

Spear, Louis M., *Medicine* '06
483 Beacon St., Boston, Mass.
02115

*Speare, George S., *Surgery* '27
Honorary Surgeon
353 Commonwealth Ave.,
Boston, Mass. 02115

*Spellman, John W., *Surgery* '26
Board of Consultation, Surgery
110 Francis St., Boston, Mass.
02215

Spence, Harry M., *Surgery* '32,
Urology '34
4105 Live Oak St., Dallas, Texas
75221

Spencer, J. Robert, *Medicine* '43
1829 High St., Denver, Colo.
80218

Spencer, Jack, *Radiology* '34
Union Hospital, Fall River, Mass.
02720

Spencer, Richard E., *Anesthesia* '51
Moses H. Cone Memorial
Hospital, Greensboro, N. C.
27402

*Sperber, Michael A.
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

Sperling, Arthur L., *Dental*
Medicine '66
43 a Roden St.,
Sheppard A.F.B., Texas 76311

Sphire, Raymond D., *Anesthesia* '55
Grace Hospital, Detroit, Mich.
48201

Spillane, John B., *Psychiatry* (McL)
'64
32 White Ave.,
Watertown, Mass. 02172

*Spinelli, Ralph W.
Assistant Podiatrist, Orthopedic
Service
515 Washington St., Boston, Mass.
02111

Splithoff, Clarence A., *Orthopedic*
'42
485 34th S., Oakland, Calif.
94609

Sporer, Edita Sternova, *Anesthesia*
'42
459 Park Ave., Paterson, N. J.
07504

*Sprague, Howard B., *Medicine* '24
Honorary Physician
3 Concord Ave., Cambridge, Mass.
02138

*Squire, Lucy F., *Radiology* '44
Visiting Radiologist
1 Gracie Ter., New York, N. Y.
10028

*Squires, Homer J.
Assistant Podiatrist, Orthopedic
Service
145 Tremont St., Boston, Mass.
02111

*Stachiewicz, Danuta M.
Assistant in Psychiatry M.G.H.

Stall, Bernard G., III, *Medicine* '49
505 East Duval St.,
Lake City, Fla. 32055

*Stanbury, John B., *Medicine* '48
Board of Consultation, Medicine
Massachusetts Institute of
Technology, Cambridge, Mass.
02139

*Stanton, Alfred H.
Psychiatrist; Psychiatrist in
Chief (McL)
McLean Hospital, Belmont, Mass.
02178

Staples, O. Sherwin, Jr., *Orthopedic*
'38
Hitchcock Clinic, Hanover, N. H.
03755

Starke, Rodman D., *Medicine* '60
490 Post St., San Francisco, Calif.
94102

*Starobin, Oscar E., *Medicine* '56
Clinical Associate, Medicine
33 Oak Ave., Worcester, Mass.
01609

Starr, Isaac, *Medicine* '22
University of Pennsylvania,
School of Medicine,
Philadelphia, Pa. 19104

Stason, William B., *Medicine* '62
M.G.H.

States, John D., *Orthopedic* '55
15 Prince St., Rochester, N. Y.
14607

Stauffer, Ruth E., *Neurology* '49
125 Trapelo Rd.
Belmont, Mass. 02178

Stearns, Thornton, *Surgery* '13,
Orthopedic '14
736 Haxtun Ave., Orange, N. J.
07050

*Stebbins, Henry D., *Medicine* '33
Clinical Associate, Medicine
79 Highland Ave., Salem, Mass.
01970

Steckel, Richard J., *Radiology* '64
8617 Grant St., Bethesda, Md.
20014

Steel, David, *Radiology* '25
East Falmouth, Mass. 02536

Steele, Byron W., Jr., *Surgery* '52
Utica Square Medical Center,
Tulsa, Okla. 74114

Steele, James L., *Pathology* '64
Thomas Memorial Hospital,
South Charleston, W. Va. 25304

Steele, Robert E., Jr., *Surgery* '64
Children's Hospital Medical
Center, Boston, Mass. 02115

Steenburg, Edmund K., *Surgery* '19
4200 Cathedral Ave., N.W.,
Washington, D.C. 20016

*Stempien, J. Henry, *Dental Medicine*
'61
Dental Surgeon
110 Francis St., Boston, Mass.
02215

Stenger, Richard J., *Pathology* '58
Cleveland Metropolitan General
Hospital, Cleveland, Ohio 44109

Stephens, William A., *Orthopedic* '43
3720 Washington St.,
St. Louis, Mo. 63108

*Stephenson, Mary L.
Assistant Biochemist, Medicine
M.G.H.

Stern, Neuton S., *Medicine* '17
910 Madison Ave.,
Memphis, Tenn. 38103

*Stern, Robert
Resident Psychiatrist (McL)
McLean Hospital,
Boston, Mass. 02178

Stetson, John B., *Anesthesia* '53
Indiana University Medical Center,
Department of Anesthesia,
Indianapolis, Ind. 46202

Stetson, Richard P., *Medicine* '28
Veterans Administration Hospital,
West Roxbury, Mass. 02132

Stevens, Harold W., *Children's* '14,
Medicine '16
369 Ferry Rd., Saco, Maine
04072

Stewart, James M., *Medicine* '46
344 West Ave., Rochester, N. Y.
14611

Stewart, John D., *Surgery* '33
2335 North East 30th Court,
Lighthouse Point, Fla. 33064

Stewart, John E., *Orthopedic* '47
1120 Cherry St., Seattle, Wash.
98104

Stewart, Michael M., *Medicine* '67
55 Shattuck St.,
Boston, Mass. 02115

Stewart, Steele F., *Orthopedic* '21
1133 Punchbowl,
Honolulu, Hawaii 96813

Stewart, William C., *Medicine* '34
1205 Quarrier St.,
Charleston, W. Va. 25301

Stewart, William G., Jr., *Surgery* '61
The Bryn Mawr Hospital,
Bryn Mawr, Pa. 19010

Stiefel, Daniel M., *Orthopedic* '23
1553 Woodward Ave.,
Detroit, Mich. 48226

Stiff, Donald W. S., *Radiology* '50
480 Monterey Ave.,
Los Gatos, Calif. 95030

Stiles, Claire M., *Anesthesia* '62
7230 Rio Flora Pl.,
Downey, Calif. 90241

Stiles, Quentin R., *Surgery* '62
3611 Century Blvd.,
Lynwood, Calif.

Stinchfield, Alan J., *Orthopedic* '49
16 E. Chestnut St.,
Augusta, Maine 04332

*Stiver, Irene Pierce
Chief Psychologist (McL)
McLean Hospital, Belmont, Mass.
02178

*Stocks, Joseph F., *Children's* '61
Clinical Associate in Pediatrics
67 Silver St., Waterville, Maine
04901

Stoddard, James K., *Medicine* '17
R.D. 4, Easton, Md. 21601

*Stoddard, Lawrence T.
Associate Psychologist, Neurology
M.G.H.

*Stoeckle, John D., *Medicine* '51
Associate Physician M.G.H.

*Stoffyn, Anne Marie
Assistant Biochemist (McL)
McLean Hospital, Belmont, Mass.
02178

*Stoffyn, Pierre J.
Associate Biochemist (McL)
McLean Hospital, Belmont, Mass.
02178

Stokes, Joseph, Jr., *Medicine* '21
Henry Phipps Institute,
University of Pennsylvania,
Philadelphia, Pa. 19104

Stokes, Joseph, III, *Medicine* '54
University of California, School of
Medicine, La Jolla, Calif. 92038

Stolman, Joseph M., *Dentistry* '56
18 Asylum St., Hartford, Conn.
06105

*Stone, Alan A., *Psychiatry* (McL)
'58
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

*Stone, Bartlett H.
Clinical Associate in Obstetrics,
Gynecology
110 Francis St., Boston, Mass.
02215

Stone, Bernard B., *Neurosurgery* '55
65 Elm St., Worcester, Mass. 01609

Stone, Lawrence A., *Psychiatry* '65
Beth Israel Hospital,
Boston, Mass. 02215

*Stossel, Thomas P.
Intern in Medicine M.G.H.

Stout, Hugh A., *Pathology* '39
1200 N. Walker St.,
Oklahoma City, Okla. 73103

Stout, Kenneth L., *Dermatology* '35
4418 Vineland Ave.,
North Hollywood, Calif. 91602

Stovner, Jacob, *Anesthesia* '53
Fethlitzgt 1, Oslo, Norway

Straehley, Clifford J., Jr., *Surgery* '53
Kaiser Permante Medical Group,
1697 Ala Moana Blvd.,
Honolulu, Hawaii 96815

Strasburger, Larry H., *Psychiatry* (McL)
Philadelphia Naval Hospital,
Philadelphia, Pa. 19145

*Stratton, Kathleen
Associate Applied Physicist,
Medicine M.G.H.

Strauss, Arthur E., *Medicine* '16
6833 Waterman Ave.,
St. Louis, Mo. 63130

Strauss, John S., *Psychiatry* (McL) '63
National Institute of Mental Health, Bethesda, Md. 20014

Strayer, Luther M., Jr., *Orthopedic* '39
144 Golden Hill St.,
Bridgeport, Conn. 06603

*Strickler, William L., *Urology* '63
Assistant in Urology
Zero Emerson Pl., Boston, Mass. 02114

*Strieder, Densie J.
Assistant in Medicine M.G.H.

Strober, Samuel, *Medicine* '67
National Cancer Institute,
Bethesda, Md. 20014

*Strole, William E., Jr., *Medicine* '63
Assistant in Medicine
Zero Emerson Place,
Boston, Mass. 02114

Strom, John O., *Neuropathology* '55
150 Lloyd Ave., Providence, R. I. 02906

*Struble, Robert A., *Children's* '67
Assistant Resident, Children's M.G.H.

Stunkard, Albert J., *Medicine* '46
Hospital of the University of Pennsylvania, Philadelphia, Pa. 19104

Sturdevant, Charles L., *Orthopedic* '39
234 Marlborough St.,
Boston, Mass. 02116

*Sturgis, George P.
Assistant Physician
1101 Beacon St., Brookline, Mass. 02146

Sturgis, Somers H., *Surgery* '33
Peter Bent Brigham Hospital,
Boston, Mass. 02115

*Suby, Howard I., *Surgery* '37, *Urology* '39
Visiting Urologist
262 Beacon St., Boston, Mass. 02116

*Suescum, Alfredo T., *Psychiatry* '67
Psychiatry (McL) '66
Resident in Psychiatry
McLean Hospital,
Belmont, Mass. 02178

Sugarbaker, Everett V., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Sugiyama, Tetsuo, *Surgery* '44, *Urology* '46
Metz Bldg., Grand Rapids, Mich. 49502

*Sukenik, Herbert J.
Assistant Biophysicist, Medicine
M.G.H.

Sullivan, Eugene R., *Pathology* '37, *Medicine* '41
139 Adams St., Milton, Mass. 02187

Sullivan, William H., *Orthopedic* '65
Children's Hospital Medical Center, Boston, Mass. 02115

Summerall, Charles P., III, *Medicine* '57
Medical College Hospital, 55 Doughty St., Charleston, S. C. 29403

Surls, Joseph K., *Orthopedic* '20, *Surgery* '22
Box 44, Gracie Square Station, New York, N. Y. 10028

Sussman, Marcy L., *Radiology* '30
1130 E. McDowell Rd., Phoenix, Ariz. 85006

Sutherland, Donald W., *Medicine* '60
2455 N. W. Marshall St., Portland, Ore. 97210

Sutherland, George F., *Psychiatry* (McL) '41
State Office Building, Baltimore, Md. 21201

Sutphin, Adney K., *Medicine* '46
1805 Monument Ave., Richmond, Va. 23220

Suwa, Kunio, *Anesthesia* '65
University of Tokyo Hospital, 7-Hongo, Bunkgo-Ku, Tokyo, Japan

Suyama, Eji, *Surgery* '55
Maine Coast Memorial Hospital, Ellsworth, Maine 04605

Swan, Channing S., *Surgery* '25
2 Willow Rd., Weston, Mass. 02193

Swan, Charles L., Jr., *Surgery* '29
262 Beacon St., Boston, Mass. 02116

*Swartz, Jacob H.
Honorary Physician M.G.H.

*Swartz, Morton N., *Medicine* '53
Physician M.G.H.

Sweat, R. Earle, *Surgery* '65
1000 W. Carson St., Torrance, Calif. 90502

Sweeny, Donald N., Jr., *Surgery* '43
Riverside Clinic, Detroit, Mich. 48226

Sweet, Elliott B., *Orthopedic* '54
85 Jefferson St., Hartford, Conn. 06103

Sweet, Paul L., *Dentistry* '50
Fairfield Trust Bldg., Danbury, Conn. 06810

Sweet, Robert B., *Anesthesia* '50
University Hospital, Ann Arbor, Mich. 48104

*Sweet, William H., *Neurosurgery* '41
Chief of Neurosurgical Service
M.G.H.

Sweetnam, George H., *Dentistry* '37
743 High St., Dedham, Mass. 02026

Swineford, Oscar, Jr., *Medicine* '27
University of Virginia Hospital, Charlottesville, Va. 22903

Sycamore, Leslie K., *Radiology* '29
Hitchcock Clinic, Hanover, N. H. 03755

*Szabó, George
Associate Biologist, Dermatology
M.G.H.

*Szyfelbejn, Stanislaw
Assistant Resident in Anesthesia
M.G.H.

Tabor, Celia White, *Medicine* '45
3130 Wisconsin Ave., N.W., Washington, D.C. 20016

*Taft, Edgar B.
Pathologist M.G.H.

*Taft, Priscilla D.
Assistant Pathologist M.G.H.

Taggart, F. Howard, Jr., *Anesthesia* '66
Union Hospital, Lynn, Mass. 01904

Talalay, Paul, *Surgery* '50
Johns Hopkins University School of Medicine,
Baltimore, Md. 21205

*Talamo, Richard C., *Children's* '66
Assistant in Pediatrics
Robert Breck Brigham Hospital,
Roxbury, Mass. 02115

Talbert, Oliver R., *Neurology* '53
Medical College of South Carolina,
Charleston, S. C. 29403

*Talbot, Nathan B.
Chief of Children's Service
M.G.H.

Talin, John J., *Orthopedic* '43
275 Hoosick St., Troy, N. Y. 12180

Tallon, John B., *Radiology* '53, *Orthopedic* '59
742 King St., West,
Kitchener, Ontario, Canada

Talmadge, Sam M., *Surgery* '39
1010 Prince Ave., Athens, Ga. 30601

T'an, Chung-Chang, *Orthopedic* '43
1951 N. Fresno St., Fresno, Calif. 93703

Tandon, Rajendra, *Medicine* '60
All-Inda Medical Research Institute, New Delhi, India

Tanner, James W., *Radiology* '62
Cottage Hospital,
Santa Barbara, Calif. 93105

Tanner, Joseph B., *Orthopedic* '54
Santa Barbara Cottage Hospital,
32 W. Pueblo St.,
Santa Barbara, Calif. 93105

Tannheimer, John F., *Pathology* '45, *Medicine* '48
525 Lafayette St., Ionia, Mich. 48846

*Tantum, K. Robert
Assistant Resident, Anesthesia
M.G.H.

*Tanzer, Marvin L.
Assistant Biologist, Medicine
M.G.H.

Tatlock, Hugh, *Medicine* '40
264 Elm St., Northampton, Mass. 01060

Taunton, Oscar D., *Medicine* '65
National Institutes of Health,
Bethesda, Md. 20014

Taylor, Isaac M., *Medicine* '51
University of North Carolina,
School of Medicine,
Chapel Hill, N. C. 27515

*Taylor, John B., *Dentistry* '57
Assistant Dental Surgeon
737 High St., Westwood, Mass. 02090

*Taylor, Julius W.
Assistant Resident, Surgery
M.G.H.

*Tefft, Melvin
Consultant in Radiology
300 Longwood Ave.,
Boston, Mass. 02115

*Tefft, Richard C., Jr.
Honorary Physician
P.O. Box 72, Cleverdale, N. Y. 12820

*Temby, William D.
Assistant Attending Psychiatrist (McL)
2000 Washington St.,
Newton Lower Falls, Mass. 02162

*Tenney, Benjamin, *Surgery* '27
Board of Consultation, Gynecology
P.O. Box 10, Washington, Conn. 06793

Tenney, Vivian A., *Gynecology* '43
108 East 86th St.,
New York, N. Y. 10028

Tetirick, Jack E., *Surgery* '56
131 S. Grant Ave.,
Columbus, Ohio 43215

*Tew, John McL., *Neurosurgery* '67
Assistant Resident in
Neurosurgery M.G.H.

Thach, William T. Jr.., *Medicine* '66
National Institute of Mental
Health, Bethesda, Md. 20014

Thacher, Henry C., *Children's* '42
117 Goff St., Auburn, Maine
04210

Thatcher, Blair van H., *Surgery* '50
1020 S. W. Taylor St.,
Portland, Ore. 97205

Thaxter, Langdon T., *Medicine* '16, *Radiology* '28
Cumberland Foreside,
Portland, Maine 04110

Theus, Walter W., *Dentistry* '52
1513 Gregg St., Columbia, S. C.
29201

*Thier, Samuel O., *Medicine* '66
Assistant in Medicine
M.G.H.

*Thoma, Kurt H.
Honorary Surgeon
750 Harrison Ave., Boston, Mass.
02118

Thomas, Anne G. T., *Pathology* '56
73 Station Rd., Llanishen,
Cardiff, Wales

Thomas, Arthur D., *Anesthesia* '66
4821 Penrose Ct.,
San Diego, Calif. 92110

Thomas, Henry M., Jr., *Medicine* '17
314 Overhill, Baltimore, Md.
21210

Thomas, John B., *Medicine* '54
85 Jefferson St., Hartford, Conn.
06103

Thomas, Robert L., *Neurosurgery* '33, *Surgery* '36
140 Overhill Rd., Orinda, Calif.
94563

Thomas, Wilbur A., *Pathology* '51
Albany Medical College,
Albany, N. Y. 12208

Thomas, William H., *Orthopedic* '65
5 Maple St., Brookline, Mass.
02146

Thompson, Edgar B., III, *Orthopedic* '63
1315 S. Orange Ave.,
Orlando, Fla. 32806

Thompson, Jesse E., *Neurosurgery* '45, *Surgery* '48
1008 N. Washington Ave.,
Dallas, Texas 75204

Thompson, Milton S., Jr., *Orthopedic* '35
Nix Professional Bldg.,
San Antonio, Texas 78205

Thompson, Philip P., Jr., *Medicine* '46
131 Chadwick St.,
Portland, Maine 04102

*Thompson, Richard H., *Surgery* '40
Clinical Associate, Surgery
79 Highland Ave., Salem, Mass.
01970

Thompson, Samuel B., *Orthopedic* '47
5520 W. Markham St.,
Little Rock, Ark. 72205

Thompson, W. Taliaferro, Jr., *Medicine* '41
Medical College of Virginia,
Richmond, Va. 23219

Thompson, Walter A., *Psychiatry* (McL) '31
550 Park Ave.,
New York, N. Y. 10021

Thomson, Captane P., *Psychiatry* (McL) '62
Yolo County Health Department,
815 Court St.,
Woodland, Calif. 91364

*Thorndike, Augustus, *Surgery* '23
Honorary Surgeon
509 Hammond St.,
Chestnut Hill, Mass. 02167

Thornton, Clarence E., *Psychiatry* '58
2 Sylvan St., Danvers, Mass. 01923

Thorp, Edward G., *Medicine* '31
16 Crystal St.,
Melrose, Mass. 02176

Thurlbeck, William M., *Pathology* '58
McGill University,
Montreal, Canada

Tileston, Wilder, *Medicine* '00
P.O. Box 6087, Carmel, Calif. 93921

*Tilley, Robert F.
Assistant Dermatologist
110 Francis St., Boston, Mass. 02115

*Timberlake, William H., *Neurology* '49
Associate Neurologist
Lemuel Shattuck Hospital,
Jamaica Plain, Mass. 02130

Timm, Alexander B., Jr., *Dermatology* '56
36 W. Main St., Milford, Conn. 06460

*Tingey, William H., Jr., *Dentistry* '59
Dental Surgeon; Assistant Dental Surgeon (McL)
872 Massachusetts Ave.,
Cambridge, Mass. 02139

Tisdale, William A., *Medicine* '56
University of Vermont College of Medicine, Burlington, Vt. 05401

Tobin, William J., *Orthopedic* '39
1835 I St., N.W.,
Washington, D.C. 20006

*Toch, Rudolf
Associate Pediatrician
98 Adams St., Milton, Mass. 02187

*Toda, Kiyoshi
Assistant Biochemist, Dermatology M.G.H.

Todd, Barnard P., *Medicine* '38
Johnson Bldg., Beverly, Mass. 01915

*Todd, Donald P., *Anesthesia* '47
Anesthetist M.G.H.

*Tofield, Joshua J.
Intern in Surgery M.G.H.

Toll, Giles D., *Surgery* '57, *Pathology* '59
Presbyterian Hospital,
Denver, Colo. 80218

*Toll, Karel van Syckel
Assistant Neurologist
197 Coolidge Hill Rd.,
Cambridge, Mass. 02138

Tolman, E. Laurie, *Dermatology* '65
2130 Hopkins St.,
Orange Park, Fla. 32073

*Tolman, Maurice M.
Dermatologist
Zero Emerson Pl., Boston, Mass. 02114

*Tomchik, Frederick S., *Radiology* '55
Associate Radiologist M.G.H.

Tompkins, Douglas G., *Orthopedic* '58
Gundersen Clinic, La Crosse, Wis. 54601

*Tomoda, Masashi
Visiting Biochemist, Medicine M.G.H.

Tompkins, J. Butler, *Psychiatry* (McL) '37
75 Linden St., Brattleboro, Vt. 05301

Toomey, Edward G., *Dermatology* '66
37 Old Marboro Rd., Concord, Mass. 01742

Toriello, Julio, *Radiology* '55
4-A Calle 6-35, Zone 1, Guatemala City, Guatemala

*Torop, Paul
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Touchette, Paul E.
Assistant in Psychology, Neurology M.G.H.

Tow, Peter M., *Psychiatry* '54
111 Balaam St., London, E. 13, England

Towery, Beverly T., *Medicine* '46
323 E. Chestnut St., Louisville, Ky. 40202

*Townsend, James H., *Medicine* '23
Honorary Physician
Massachusetts Institute of Technology, Cambridge, Mass. 02139

Trachtenberg, Howard A., *Anesthesia* '63
Beth Israel Hospital, Boston, Mass. 02215

Tracy, Robert J., *Surgery* '49
197 South St., Pittsfield, Mass. 01202

*Traul, Richard S., *Anesthesia* '67
Assistant Resident in Anesthesia M.G.H.

Traver, Clarence A., *Surgery* '27
175 S. Swan St., Albany, N. Y. 12202

Traver, Ralph F., *Surgery* '30
Veterans Administration Hospital, Bath, N. Y. 14810

*Travis, Dorothy F.
Assistant Biologist, Orthopedic Surgery M.G.H.

Trethowan, William H., *Psychiatry* '51
University of Sydney, Sydney, New South Wales, Australia

Trevett, Laurence D., *Medicine* '33, *Neurology* '34, *Psychiatry* (McL) '36
412 Beacon St., Boston, Mass. 02115

Trieger, Norman, *Dentistry* '56
University of California at Los Angeles, Dental School, Los Angeles, Calif. 90024

Tripp, Curtis C., *Surgery* '23
97 Madison St., New Bedford, Mass. 02740

Trivus, Robert H., *Psychiatry* (McL) '66 M.G.H.

Troppoli, Daniel V., *Neurology* '27
380 Broadway, Providence, R. I. 02909

Trowbridge, Ellsworth H., Jr., *Neurology* '40
Plaza Time Bldg., Kansas City, Mo. 64112

Troxler, Eulyss R., *Orthopedic* '42
1005 Professional Village, Greensboro, N. C. 27401

*Truman, John T., *Children's* '63
Assistant in Pediatrics M.G.H.

*Trump, John G.
Consultant in Physics, Radiology
Massachusetts Institute of Technology, Cambridge, Mass. 02139

Tucker, James T., *Orthopedic* '30
116 E. Franklin St., Richmond, Va. 23219

Tucker, Robert P., *Surgery* '40
1603 Ware Ave., East Point, Ga. 30044

Tucker, Walter I., *Psychiatry* (McL) '42
605 Commonwealth Ave., Boston, Mass. 02215

*Tudor, Frederic
Clinical Associate, Medicine
51 Randolph Ave., Milton, Mass. 02187

Turner, John D., *Medicine* '58
National Institutes of Health, Bethesda, Md. 20014

*Turner, Roderick H., *Orthopedic* '66
Assistant in Orthopedic Surgery
170 Morton St., Jamaica Plain, Mass.

Tuttle, Elbert P., Jr., *Medicine* '53
Emory University Medical School, Atlanta, Ga. 30322

Twombly, Gray H., *Surgery* '32
842 Park Ave., New York, N. Y. 10021

Tyson, Robert G., *Children's* '50
733 Washington Rd., Pittsburgh, Pa. 15228

*Ulfelder, Howard, *Surgery* '41
Chief of Gynecological Service
M.G.H.

Ulick, Stanley C., *Children's* '52
Veterans Administration Hospital, 130 W. Kingsbridge Rd., Bronx, N. Y. 10468

Ulmer, Jack L., *Neurosurgery* '42
McGuire Veterans Administration Hospital, Richmond, Va. 23225

Umlas, Joel, *Pathology* '67
Ireland Hospital, Fort Knox, Ky. 40121

Urbaniak, Henry S., Jr., *Orthopedic* '67
U.S. Army 2nd General Hospital, 05259276, A.P.O. New York, N. Y. 09180

Urist, Marshall R., *Orthopedic* '47
1019 Gayley Ave., Westwood Village, Los Angeles, Calif. 90024

Urmy, Thomas Van O., *Medicine* '30
Sprague Electric Co., North Adams, Mass. 01247

Urquhart, John, III, *Surgery* '61
University of Pittsburgh, School of Medicine, Pittsburgh, Pa. 15213

Urschel, Harold C., Jr., *Surgery* '62
3404 Drexel Dr., Dallas, Texas 72505

Uyeda, Clifford I., *Children's* '51
2425 Geary Blvd., San Francisco, Calif. 94115

Vagelos, Pindaros R., *Medicine* '56
National Institutes of Health, Bethesda, Md. 20014

*van Amerongen, Suzanne T.
Associate Attending Psychiatrist (McL)
76 Mt. Vernon St., Boston, Mass. 02108

Van Buskirk, David, *Medicine* '59
1419 Beacon St., Brookline, Mass. 02146

Vance, Lewis A., *Pathology* '37, *Radiology* '39
444 E. Royal Flamingo Dr., Sarasota, Fla. 33577

Vance, Robert G., *Radiology* '24
3830 Malec Circle, Sarasota, Fla. 33581

*Vanderpol, Maurice
Associate Psychiatrist (McL)
470 South St., Needham, Mass. 02192

*Vander Salm, Thomas J., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Vanderveen, James L., *Anesthesia* '55
750 Harrison Ave., Boston, Mass. 02118

*Van Dyke, Wilhelmina, *Children's* '43
Clinical Associate in Pediatrics
16 Spafford Rd., Milton, Mass. 02186

Van Eerde, Albert, *Anesthesia* '55
Paterson General Hospital,
Paterson, N. J. 07501

*Van Gorder, George W.
Honorary Surgeon
900 E. Harrison Ave.,
Pomona, Calif. 91767

Van Nuys, Fresenius, *Medicine* '07
338 Boston Post Rd.,
Weston, Mass. 02193

*Van Pelt, Ingeborg
Assistant in Pediatrics M.G.H.

van Ravenswaay, Arie C., *Pathology* '34
601 N. Wilmot Rd., Tucson, Ariz. 85711

van Ravenswaay, Theodore, *Pathology* '57
University of California Medical Center, San Francisco, Calif. 94122

Varney, Hewitt I., *Psychiatry* (McL) '38
5414 Grove St.,
Chevy Chase, Md. 20015

Vaughan, Robert H., *Surgery* '44
Physicians Bldg., Columbus, Ga. 31901

Vaughan, Victor C., III, *Children's* '43
125 West Walnut Lane,
Philadelphia, Pa. 19144

Veazey, Paul M., *Children's* '57
Santa Barbara Medical Clinic,
1421 State St.,
Santa Baraba, Calif. 93104

Veldee, Milton V., *Medicine* '20
1855 Bay Laurel Dr.,
Menlo Park, Calif. 94026

*Vermillion, Clinton D., *Surgery* '67
Assistant Resident, Urology
M.G.H.

Vernon, James T., *Psychiatry* (McL) '50
Broadoaks Sanatorium,
Morganton, N. C. 28655

Verny, Thomas R., *Psychiatry* '66
Clark Institute of Psychiatry,
University of Toronto,
Toronto, Canada

Vessell, Elliot S., *Children's* '60
National Institutes of Health,
Bethesda, Md. 20014

Vial, A. Burgess, *Surgery* '43
Box 390, Springerville,
Ariz. 85938

*Vickery, Austin L., Jr.
Pathologist M.G.H.

*Vidal, Camilo, *Anesthesia* '67
Georgetown University Medical Center, 3900 Reservoir Rd., N.W.,
Washington, D.C. 20007

*Viets, Henry R.
Honorary Physician
Longwood Towers,
Brookline, Mass. 02146

*Villee, Dorothy B., *Children's* '56
Assistant Pediatrician M.G.H.

Vitt, Robert P., *Orthopedic* '51
317 W. Pueblo St.,
Santa Barbara, Calif. 93102

Voke, Edward L., *Radiology* '31
Ohio Bldg., Akron, Ohio 44308

Volpe, Joseph J., *Children's* '66
National Institutes of Health,
Bethesda, Md. 20014

Volwiler, Wade, *Medicine* '45
University of Washington, School of Medicine, Seattle, Wash. 98105

*von Felsinger, John M.
Psychologist, Psychiatry M.G.H.

Von Kessler, Kirby L. C., *Orthopedic* '65
4 East Madison St.,
Baltimore, Md. 21202

Wacks, Jerry, *Psychiatry* (McL) '67
M.G.H.

Waddell, William R., *Surgery* '51
University of Colorado School of Medicine, Denver, Colo. 80220

*Waddington, Earle J.
Board of Consultation, Dental Medicine
6 Haverhill St., Andover, Mass. 01811

Waldman, Jerome, *Orthopedic* '49
1616 Grand Ave., Waukegan, Ill. 60085

Waldmann, Katharine Spreng, *Medicine* '57
3910 Rickover Rd.,
Silver Spring, Md. 20902

Waldmann, Thomas A., *Medicine* '56
National Institutes of Health,
Bethesda, Md. 20014

Waldron, Alexander M., *Medicine* '39
309 N. Ingalls St.,
Ann Arbor, Mich. 48104

Waldron, Robert L., II, *Surgery* '63
106 Cecelia Ave.,
Cliffside Park, N. J. 07010

Walke, John T., *Children's* '48
303 Washington Ave., S.W.,
Roanoke, Va. 24016

Walker, George M., *Surgery* '51
269 Prospect St., Fitchburg, Mass. 01420

Walker, Jerome K., *Dentistry* '54
42 W. Brook St.,
Manchester, N. H. 03104

Walker, Michael J., *Psychiatry* (McL) '65
48th TAC Hospital, Box 4331,
APO New York 09179

Walker, Robert H., *Pathology* '51, *Surgery* '53
Medical Center Bldg.,
Calgary, Alberta, Canada

Wallace, Edward P., *Children's* '48
71 Parker Ave., Meriden, Conn. 06152

*Wallace, James W., *Radiology* '67
Assistant Resident in Radiology
M.G.H.

*Wallach, Donald F. H.
Assistant Biochemist,
Biochemical Research M.G.H.

Wallwork, David W., *Surgery* '32
5 3rd St., North Andover, Mass. 01845

Walser, Mackenzie, *Medicine* '50
Johns Hopkins University,
School of Medicine,
Baltimore, Md. 21205

*Walter, Mark M., *Psychiatry* '55, *Psychiatry* (McL) '58
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Waltman, Stephen R., *Surgery* '65
McMillan Hospital,
640 South Kingshighway,
St. Louis, Mo. 63110

*Walzer, Sarita G.
Assistant Anesthetist M.G.H.

*Wang, Chiu-an, *Surgery* '46
Assistant in Surgery
Zero Emerson Pl., Boston, Mass. 02114

*Wang, Chiu-chen, *Radiology* '52
Associate Radiologist M.G.H.

Wang, Shen Kuang, *Orthopedic* '57
507 Fairmont Ave.,
Fairmont, W. Va. 26554

Wang, Yang, *Medicine* '57
University of Minnesota Hospitals,
Minneapolis, Minn. 55414

Ward, Albert J., *Surgery* '29
Community Medical Group,
Boonton, N. J. 07005

Ward, John L., *Medicine* '35
600 Scranton Ave., Lake Bluff, Ill. 60044

*Ware, Roland G., Jr., *Radiology* '63
Assistant in Radiology
M.G.H.

Waring, Elmar S., *Medicine* '19
1807 South Indian River Dr.,
Fort Pierce, Fla. 33450

Warner, John H., Jr., *Medicine* '37
Oberlin College Student Health
Service, Oberlin, Ohio 44074

Warren, Charles F., *Medicine* '33
Big Spring, Tenn. 37323

*Warren, Richard, *Surgery* '36
Board of Consultation, Surgery
319 Longwood Ave.,
Boston, Mass. 02115

Warren, Stafford L., *Medicine* '24
100 Veteran Ave.
Los Angeles, Calif. 90024

*Warshaw, Andrew L., *Surgery* '65
Assistant Resident, Surgery
M.G.H.

*Warshaw, Joseph B.
Assistant in Pediatrics
M.G.H.

*Washburn, Stephen L., *Psychiatry* '56, *Psychiatry* (McL) '57
Associate Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Watkins, Arthur L., *Neurology* '38
Chief of Physical Medicine;
Assistant Physician M.G.H.

*Watson, Barbara K.
Assistant Bacteriologist M.G.H.

Watson, J. Laxton, *Urology* '30
280 South West 12th St.,
Miami Springs, Fla. 33166

Watson, James W., *Medicine* '44
307 East 44th St.,
New York, N. Y. 10017

*Watson, Richard H., *Children's* '53
Clinical Associate in Pediatrics
8 Porter St., Melrose, Mass. 02176

Watson, Robert F., *Medicine* '36
525 East 68th St.,
New York, N. Y. 10021

Watts, Arthur B., *Surgery* '43
103 E. Holly St.,
Bellingham, Wash. 98225

*Watts, Hugh G.
Assistant Resident, Orthopedic
M.G.H.

Watts, James W., II, *Neurology* '28, *Neurosurgery* '29
1911 R St., N.W.,
Washington, D.C. 20009

Waud, Barbara E., *Anesthesia* '59
750 Harrison Ave., Boston, Mass. 02118

*Waugh, Nancy C.
Assistant Psychologist, Psychiatry
M.G.H.

Waxman, Herbert S., *Medicine* '67
Barnes & Wohl Hospital
St. Louis, Mo. 63110

*Webb, Suzanne S.
Assistant Resident, Anesthesia
M.G.H.

*Weber, Alfred L., *Radiology* '59
Associate Radiologist M.G.H.

*Webster, Edward W.
Physicist, Radiology M.G.H.

Webster, Henry deF., *Neurology* '56
University of Miami, School of Medicine, Coral Gables, Fla. 33146

Webster, Richard C., *Surgery* '44
1101 Beacon St., Brookline, Mass. 02146

Wedrow, Earl M., *Psychiatry* '53
479 Beacon St., Boston, Mass. 02115

Weems, William L., *Urology* '65
University of Mississippi Medical Center, 2500 North State St.,
Jackson, Miss. 39206

Wegner, Karl H., *Pathology* '61
1012 Lincoln Ave.,
Sioux Falls, S. D. 57105

Weiler, Howard G., *Orthopedic* '32
Central Union Bldg.,
Wheeling, W. Va. 26003

*Weinberg, Arnold N., *Medicine* '62
Assistant Physician M.G.H.

Weinberg, Richard A., *Dermatology* '62
930 West Sproul Road,
Springfield, Pa. 19064

*Weinberger, Jerome L.
Associate Psychiatrist
51 Brattle St., Cambridge, Mass. 02138

*Weiner, Leonard R.
Assistant Psychiatrist
51 Brattle St.. Cambridge, Mass. 02138

*Weiner, Milton A., *Radiology* '67
Resident in Radiology M.G.H.

*Weiner, Robert M.
Assistant Attending Psychiatrist (McL)
1419 Beacon St.,
Brookline, Mass. 02146

Weinfeld, Marvin S., *Orthopedic* '61
454 Brookline Ave., Boston, Mass. 02215

*Weingarten, Charles H., *Medicine* '60
Assistant in Medicine M.G.H.

*Weinshilboum, Richard M.
Intern in Medicine M.G.H.

*Weinstein, Louis
Associate Physician
171 Harrison Ave., Boston, Mass. 02111

*Weinstock, Robert
Resident Psychiatrist (McL)
McLean Hospital,
Belmont, Mass. 02178

*Weintraub, Ronald M., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Weir, David R., *Pathology* '38
Highland View Hospital,
Cleveland, Ohio 44122

*Weisman, Avery D., *Psychiatry* '45
Psychiatrist
80 Woodbine Rd., Belmont, Mass. 02178

*Weiss, Alfred D.
Assistant in Neurology M.G.H.

*Weiss, Ira W.
Intern in Medicine M.G.H.

Weiss, Louis L., *Anesthesia* '56
1225 N. Madison Ave.,
Anderson, Ind. 46011

*Weiss, Ruth S.
Assistant Attending Psychiatrist (McL).
51 Brattle St., Cambridge, Mass. 02138

*Welch, Claude E., *Surgery* '37
Visiting Surgeon M.G.H.

*Wells, Lionelle D.
Clinical Associate, Psychiatry
82 Marlborough St., Boston, Mass. 02116

Wenig, Martin, *Dentistry* '45
255-17 Northern Blvd.,
Little Neck, Long Island, N. Y. 11363

*Wepsic, James G., *Neurosurgery* '67
Assistant Resident in Neurosurgery
M.G.H.

*Wermer, Henry
Attending Psychiatrist (McL)
2500 Beacon St.,
Chestnut Hill, Mass. 02167

*Wermer, Olga S., *Psychiatry* (McL) '63
Assistant Attending Psychiatrist (McL)
2500 Beacon St.,
Chestnut Hill, Mass. 02167

*Wescott, Dorothy A.
Assistant in Anesthesia M.G.H.

Wescott, Henry H., *Orthopedic* '24
Irvington, Va. 22480

*Wesley, John R.
Intern in Surgery M.G.H.

West, Weldon W., *Surgery* '54
2420 N. California St.,
Stockton, Calif. 95204

Wexler, Marvin J.
Assistant Resident, Surgery
M.G.H.

Weylman, Walther T., *Radiology* '60
358 North Main St.,
Andover, Mass. 01810

Wheeler, Bancroft C., *Surgery* '26
27 Elm St., Worcester, Mass.
01608

Wheeler, C. Gene, *Surgery* '62
1008 N. Washington Ave.,
Dallas, Texas 75204

Wheeler, Charles A., *Neurosurgery* '35, *Surgery* '38
69 West St., Leominster, Mass.
01453

*Wheeler, Edwin O.
Associate Physician
Zero Emerson Pl., Boston, Mass.
02114

Wheeler, James T., *Medicine* '56
Medical Arts Bldg., Dallas, Texas
75201

Wheeler, Warren E., *Children's* '34
University of Kentucky Medical
Center, Lexington, Ky. 40506

*Wheelock, Frank C., Jr., *Surgery* '49
Associate Visiting Surgeon
110 Francis St., Boston, Mass.
02215

*Whiskin, Frederick E., *Psychiatry* (McL) '52, *Psychiatry* '54
Assistant Attending Psychiatrist
(McL)
11 Tudor Rd., Chestnut Hill, Mass.
02167

*White, James C., *Surgery* '27
Honorary Surgeon
Zero Emerson Pl., Boston, Mass.
02114

White, Laurens P., *Medicine* '51
490 Post St., San Francisco, Calif.
94102

*White, Paul D., *Children's* '11, *Medicine* '20
Honorary Physician; Consulting
Cardiologist (McL)
264 Beacon St., Boston, Mass.
02116

Whitelaw, George P., *Surgery* '37
236 Highland Ave.,
Somerville, Mass. 02143

*Whitfield, Thomas J., III, *Children's* '57
Clinical Associate in Pediatrics
Concord Medical Center,
Concord, Mass. 01743

Whitford, Warren, *Orthopedic* '31
80 Sherman Ave.,
New Haven, Conn. 06511

*Whiting, Richard G.
Assistant Physician
226 Marlborough St.,
Boston, Mass. 02116

*Whitlow, Dennis R., *Surgery* '65
Assistant Resident, Surgery
M.G.H.

Whittemore, James P., *Children's* '47
2330 N. W. Flanders St.,
Portland, Ore. 97210

Wigglesworth, William C., *Surgery* '45
80 County Rd., Ipswich, Mass.
01938

Wilcox, John C., *Children's* '37
146 Nemaha St., Pomona, Calif.
91767

Wilcox, Roger E., *Surgery* '55
909 E. Brill St., Phoenix, Ariz.
85006

Wilde, Henry D., Jr., *Orthopedic* '62
2210 Maroneal,
Houston, Texas 77025

*Wilensky, Samuel
Assistant in Applied Physics,
Medicine M.G.H.

*Wilkins, Earle W., Jr., *Surgery* '51
Associate Visiting Surgeon
Zero Emerson Pl., Boston, Mass.
02114

Wilkinson, Harold A., *Neurosurgery* '63
Boston City Hosptial,
Boston, Mass. 02118

*Willens, John S., *Anesthesia* '67
Assistant Resident in Anesthesia
M.G.H.

Willerson, James T., *Medicine*
National Institute of Arthritis and
Metabolic Diseases
Bethesda, Md. 20014

Willetts, Arthur T., *Urology* '42
85 Woodland Rd.,
Short Hills, N. J. 07078

*Williams, Christine L.
Intern, Children's Service
M.G.H.

*Williams, Conger, *Medicine* '40
Physician M.G.H.

Williams, David W., *Surgery* '43, *Orthopedic* '46, *Urology* '48
130 Maple St., Springfield, Mass.
01103

Williams, G. Melville, *Surgery* '64
Medical College of Virginia,
Richmond, Va. 23219

*Williams, Harold W., Jr., *Psychiatry* '61, *Psychiatry* (McL) '62
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass.
02178

Williams, Hibbard E., *Medicine* '64
University of California Medical
Center, San Francisco, Calif.
94122

Williams, Oscar B., Jr., *Anesthesia* '55
6718 Briar Cove Dr.,
Dallas, Texas 75240

Williams, Ralph C., Jr., *Medicine* '60
University of Minnesota Hospitals,
Minneapolis, Minn. 55455

*Williams, Roger A., *Pathology* '67
Assistant Resident in Pathology
M.G.H.

*Williams, Vernon P., *Surgery* '31
Board of Consultation, Psychiatry
330 Dartmouth St., Boston, Mass.
02116

Williams, Willis H., *Surgery* '67
National Heart Institute,
Bethesda, Md. 20014

Williamson-Lefort, Ladislao, *Medicine* '42
Miguel Cruchaga Tocornal 920,
Officina 405, Santiago, Chile

*Wills, A. Allison, Jr.
Clinical Associate, Medicine
10 Post Office Square,
Boston, Mass. 02109

Wilson, Edward H., Jr., *Surgery* '50
655 Sutter St.,
San Francisco, Calif. 94102

Wilson, Emmett, Jr., *Psychiatry* (McL) '63
560 Riverside Drive,
Apt. 21-J, New York, N. Y.
10027

Wilson, John C., Jr., *Surgery* '45, *Orthopedic* '50
2010 Wilshire Blvd.,
Los Angeles, Calif. 90057

Wilson, John L., *Surgery* '48
American University of Beirut,
Beirut, Lebanon

*Wilson, Philip D., *Surgery* '14
Honorary Surgeon
535 East 70th St.,
New York, N. Y. 10021

Wilson, Philip D., Jr., *Surgery* '46
535 East 70th St.,
New York, N. Y. 10021

*Wilson, Robert F.
Clinical Associate in Pediatrics
113 Locust St., Dover, N. H.
03820

Wimberger, Herbert C., *Psychiatry* (McL) '59
University of Washington Medical School, Seattle, Wash. 98105

*Winer, Richard A.
Consultant in Dentistry
Department of Neurology
Walter E. Fernald State School,
Waverly, Mass. 02179

*Winkler, Gerald F., *Neurology* '61
Assistant Neurologist M.G.H.

Winkler, John J., *Radiology* '28
Austin State Hospital,
Austin, Texas 78751

*Winn, Henry J.
Associate Immunologist, Surgery
M.G.H.

Winn, William A., *Medicine* '34
Springville Hospital,
Springville, Calif. 93265

Winsor, Allen P., *Medicine* '19, *Surgery* '21
1080 Beacon St.,
Brookline, Mass. 02146

Winter, Peter M., *Anesthesia* '65
State University of New York,
Buffalo, N. Y. 14215

*Winter, William D., Jr.
Clinical Associate in Pediatrics
541 High St., Westwood, Mass.
02090

*Wipfelder, Rosemarie
Assistant in Physics, Radiology
M.G.H.

*Wirthlin, LeRoy S., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

Wishard, William N., Jr., *Surgery* '27
1711 N. Capitol Ave.,
Indianapolis, Ind.

*Wishner, Stanley H.
Resident in Medicine M.G.H.

Wittenberg, Jack, *Radiology* '66
Boston City Hosptial,
Boston, Mass. 02118

Wohl, Herbert, *Medicine* '59
Albert Einstein College of
Medicine, Bronx, N. Y. 10461

*Wohl, Martin J., *Medicine* '63
Assistant in Medicine
75 Mount Auburn St.,
Cambridge, Mass. 02138

Wohl, Richard H., *Surgery* '64
University of California Medical
Center, San Francisco, Calif.
94122

*Wolf, Laurence E., *Surgery* '67
Assistant Resident in Surgery
M.G.H.

*Wolfe, Hubert J.
Assistant Pathologist M.G.H.

Wolff, Carl T., *Medicine* '58
140 E. 83rd St.,
New York, N. Y. 10028

Wolff, Jan, *Medicine* '54
National Institutes of Health,
Bethesda, Md. 20014

Wolff, Louis, *Medicine* '24
1101 Beacon St., Brookline, Mass.
02146

*Wolfson, Steven
Resident in Medicine M.G.H.

*Wolk, Richard B.
Assistant in Radiology M.G.H.

*Wolpow, Edward R.
Assistant Resident, Neurology
M.G.H.

Wolterbeek, Jacob C., *Psychiatry* (McL) '63
Ayer Rd.,
Harvard, Mass. 01451

Wong, Livingston, M. F., *Surgery* '65
4144 Papu Circle,
Honolulu, Hawaii 96815

Woo, Shu Tai, *Medicine* '20

Woo, Sybil Wong, *Anesthesia* '66
Beth Israel Hospital,
Boston, Mass. 02215

Wood, Benjamin S., *Surgery* '33
5214 Lipps Rd., S.W.,
Roanoke, Va. 24018

*Wood, David J.
Assistant Resident, Psychiatry
M.G.H.

Wood, Edwin C., *Medicine* '51
200 Retreat Ave., Hartford, Conn. 06102

Wood, Howard P., *Medicine* '48
Lankenau Medical Bldg.,
Philadelphia, Pa. 19151

Wood, J. Edwin, Jr., *Medicine* '23
1327 Rugby Rd.,
Charlottesville, Va. 22903

Wood, James A., *Children's* '15
Box 325, Sea Island, Ga. 31561

*Wood, William C., *Surgery* '67
Assistant Resident, Surgery
M.G.H.

Wood, William E., *Dentistry* '40
1832 Connecticut Ave., N.W.,
Washington, D.C. 20009

*Woodruff, Lorande M., *Surgery* '39, *Urology* '47
Assistant Urologist
110 Francis St., Boston, Mass. 02215

*Woods, Bryan T.
Intern in Medicine M.G.H.

Wooten, E. Jane Herring, *Children's* '44
904 Williamson Dr.,
Raleigh, N. C. 27608

Worth, Thomas C., *Medicine* '38
Rex Hospital, Raleigh, N. C.

*Worthington, Michael G., *Surgery* '66, *Medicine* '67
Assistant Resident, Medicine
M.G.H.

Wosnitzer, Morey, *Urology* '60
32 Forest Dr., Springfield, N. J. 07081

*Wright, R. Lewis, *Neurosurgery* '63
Assistant in Neurosurgery
M.G.H.

Wurtman, Richard J., *Medicine* '62
Department of Nutrition,
Massachusetts Institute of Technology, Cambridge, Mass. 02139

*Wyman, Edwin T., Jr., *Orthopedic* '60
Assistant in Orthopedic Surgery
412 Beacon St., Boston, Mass. 02115

*Wyman, Stanley M., *Radiology* '42
Radiologist
Zero Emerson Pl., Boston, Mass. 02114

Wyngaarden, James B., *Medicine* '51
University of Pennsylvania School of Medicine, Philadelphia, Pa. 19104

Wynne, Lyman C., *Psychiatry* '51
National Institutes of Health,
Bethesda, Md. 20014

Wysham, Donald N., *Medicine* '57
Christian Medical College,
Ludhiana, Punjab, India

Yaffee, Howard S., *Dermatology* '53
60 Brattle St., Cambridge, Mass. 02138

*Yakovlev, Paul I.
Consultant in Neuropathology, Neurology
25 Shattuck St., Boston, Mass. 02115

Yanagisawa, Kazuo, *Orthopedic* '44
216 East 50th St.,
New York, N. Y.

Yankauer, Alfred, *Children's* '41
Consultant in Pediatrics
55 Shattuck St., Boston, Mass. 02115

*Yatsuhashi, Masao, *Surgery* '46
Clinical Associate, Surgery
Pondville Hospital, Norfolk, Mass. 02056

Yee, Lester P. K., *Medicine* '39, *Surgery* '46
1641 Nuuanu Ave.,
Honolulu, Hawaii 96817

*Yellen, Martin
Resident Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

Yenel, Faruk M., *Medicine* '65
Osmanbey Rumeli Cad.,
Birlik Apt. 42/3
Istanbul, Turkey

Yens, Otto C., *Children's* '30
Medicine '32
503 Chapman St., Canton, Mass. 02021

Yett, Harris S., *Orthopedic* '67
Children's Hospital, Medical Center, Boston, Mass. 02115

*Yodh, Shyam B., *Neurosurgery* '67
Assistant Resident in Neurosurgery M.G.H.

*Yokoyama, Mitsuo M., *Anesthesia* '67
Assistant Resident in Anesthesia M.G.H.

Youmans, John B., *Medicine* '21
2 East 103rd St., New York, N. Y. 10029

Young, Clark, *Surgery* '23
1848 Wilson Ave.,
Salt Lake City, Utah 84108

Young, David A., *Medicine* '33
Psychiatry '36, *Psychiatry* (McL) '37
714 St. Mary's St.,
Raleigh, N. C. 27605

*Young, D. Michael
Physical Chemist, Medicine M.G.H.

*Young, Edward L., *Surgery* '10
Honorary Surgeon
1180 Beacon St., Brookline, Mass. 02146

*Young, Hugh H., II
Assistant in Urology M.G.H.

*Young, Robert R., *Pathology* '64
Neurology '65
Assistant Neurologist M.G.H.

Young, William G., *Psychiatry* (McL) '34
55 S. Willard St.,
Burlington, Vt. 05401

Yount, William J., *Medicine* '62
Brighton Marine Hospital,
Brighton, Mass. 02135

*Yudowitz, Bernard S.
Resident Psychiatrist (McL)
McLean Hospital,
Belmont, Mass. 02178

*Yurchak, Peter M., *Medicine* '64
Assistant in Medicine M.G.H.

Zacarian, Setrag A., *Dermatology* '55
130 Maple St., Springfield, Mass. 01103

*Zacharias, Leona
Associate Biologist, Surgery M.G.H.

Zacks, Sumner I., *Pathology* '58
University of Pennsylvania Hospital, Philadelphia, Pa. 19107

Zamcheck, Norman, *Pathology* '43
43 Bay State Rd., Boston, Mass. 02215

*Zamecnik, Paul C.
Physician M.G.H.

Zaouussis, Alexander L., *Orthopedic* '54
23 Kanari St., Athens, Greece

*Zarsky, Edward L.
Assistant Attending Psychiatrist (McL)
201 Buckminster Rd.,
Brookline, Mass. 02146

Zartman, Harvey F., *Children's* '54
825 L St., Anchorage, Alaska 99504

*Zaudy, Eleanore C.
Clinical Associate in Pediatrics
1247 Beacon St., Brookline, Mass. 02146

Zavarine, Richard, *Anesthesia* '65
M.G.H.

Zawacki, Bruce E., *Surgery* '67
Brooke Army Hospital,
Fort Sam Hauston,
San Antonio, Texas 78234

*Zeitlin, Gerald L.
Assistant in Anesthesia
M.G.H.

Zeller, John W., *Medicine* '38
136 Harrison Ave., Boston, Mass. 02111

Zervas, Nicholas T., *Neurosurgery* '61
Jefferson Medical College of Philadelphia, Philadelphia, Pa. 19107

*Zetzel, Elizabeth R.
Psychiatrist; Psychiatrist (McL)
14 Hubbard Park,
Cambridge, Mass. 02138

Zieper, Irving, *Neurology* '58
Lemuel Shattuck Hospital,
170 Morton St.,
Jamaica Plain, Mass. 02130

*Zigelbaum, Sheldon D.
Assistant Psychiatrist (McL)
McLean Hospital, Belmont, Mass. 02178

*Zigmond, Naomi
Assistant in Psychology, Psychiatry M.G.H.

Zimbler, Seymour, *Orthopedic* '62
Beth Israel Hospital,
Boston, Mass. 02215

*Zinberg, Norman E.
Associate Attending Psychiatrist; Attending Psychiatrist (McL)
11 Scott St.,
Cambridge, Mass. 02138

*Zinninger, George F., *Radiology* '66
Assistant in Radiology
M.G.H.

*Ziskind, Alan E.
Clinical Associate in Pediatrics
84 Leonard St., Belmont, Mass. 02178

Zmyslowski, Walter P., *Anesthesia* '59
28 Marion Ave., Worcester, Mass. 01604

*Zola, Irving K.
Assistant Sociologist, Psychiatry
M.G.H.

Zuelzer, Wolfgang W., *Children's* '37
Children's Hospital, Detroit, Mich. 48202

Zuidema, George D., *Surgery* '59
Johns Hopkins Hospital,
Baltimore, Md. 21205

Zukowski, Henry J., *Anesthesia* '48
Grace Hospital, Detroit, Mich. 48201

Zwerdling, Michael A., *Children's* '64
1342 Campus Drive,
Berkeley, Calif. 94708

Geographical List

ALABAMA

Birmingham
Edwards, William S.
Hall, Hugh D.
Kennedy, B. Hughes
Perley, Abraham I.
Pittman, James A., Jr.
Powell, Sam M., Jr.
Shannon, Paul W.

Huntesville
Goodson, William H., Jr.

ALASKA

Anchorage
Zartman, Harvey F.

ARIZONA

Flagstaff
St. Aubin, Paul M. G.

Forth Defiance
Nelson, Bruce D.
Porvaznik, John T., Jr.

Phoenix
Bendheim, Otto L.
Sussman, Marcy L.
Wilcox, Roger E.

San Manuel
Findlay, Francis McR.

Springerville
Vial, A. Burgess

Tucson
Kartchner, Mark M.
Omer, Joy A.
van Ravenswaay, Arie C.

ARKANSAS

Little Rock
Diner, Wilma Canada
Haut, Arthur
Thompson, Samuel B.

CALIFORNIA

Albany
Patterson, H. Eugene

Aptos
Fowler, Charles B.

Bakersfield
O'Brien, Frederick W., Jr.

Belmont
Neumann, Charlotte G.

Belvedere
Merrill, Bruce R.

Berkeley
Bennett, Charles B.
Cheney, Marshall C.
Perkins, William A.
Richards, Dexter N., Jr.
Zwerdling, Michael A.

Beverly Hills
Ilfeld, Frederick W.
Mathews, Samuel S.
Putnam, Tracy J.

Capistrano Beach
Byrnes, Roy L.

Carmel
Frost, Robert G.
Tileston, Wilder

Chula Vista
Goettsch, Elvira

Concord
Battat, Felix A.
Rothfeld, Leonard J.

Corte Madera
Layzer, Robert B.

Costa Mesa
Owyang, Pauline

Downey
Stiles, Claire M.

Duarte
Rosen, Robert B.

Fontana
Papazian, Clement E.

Fresno
Kinney, Robert J.
T'an, Chung-Chang

Granada Hills
Musgrave, Rhoda U.

Hillsborough
Prindle, Kirk H.

La Canada
Chai, Joyce K. Wong

La Jolla
Stokes, Joseph, III

Lompoc
Skinner, Donald G.

Long Beach
Ellery, Sidney W.
Legge, Robert F.
Lynn, John G.
Meister, Lester

Los Angeles
Ayres, Samuel, Jr.
Barrett, Peter Van D.
Bell, Carol A.
Billig, Harvey E., Jr.

Boyes, Joseph H.
Cannon, Jack A.
Chaffin, George L.
Chapman, C. Ethelyn
Cozen, Lewis N.
Craddock, Charles G., Jr.
Gittes, Ruben F.
Golden, Ross
Lawrence, John S.
Mason, Earle D.
McKeever, Francis M.
Mills, Lloyd, Jr.
Mudd, Seeley G.
Pearson, Carl M.
Rose, Augustus S.
Rosen, Victor J., Jr.
Scholl, Albert J.
Sheldon, David B.
Snyder, William H., Jr.
Solomon, James
Trieger, Norman
Urist, Marshall R.
Warren, Stafford L.
Wilson, John C., Jr.

Los Gatos
Stiff, Donald W. S.

Lynwood
Stiles, Quentin R.

Menlo Park
Goulian, Mehran
Montgomery, Orland F.
Veldee, Milton V.

Modesto
Galbraith, Nicholl F., Jr.

North Hollywood
Snyder, Monica H.
Stout, Kenneth L.

Oakland
Dunn, Fa-Chi
Ewer, Edward G.
Graeser, James B.
Hunt, Richard T. N.
Larkey, Jefferson
Leeper, Roy W.
McNie, Allan B.
Nesche, George E.
Orski, Barbara M.
Ramcharan, Savitri
Schoen, Edgar J.
Splithoff, Clarence A.

Ojai
Atstatt, Rodney F.

Orinda
Thomas, Robert L.

Palisades
Sanders, R. Wyman

Palo Alto
Bunker, John P.
Cohn, Roy B.
Hawkins, Ralph L.
Hovsepian, Jeannette A.
Janis, Kenneth M.
Josse, John W.
Klainer, Lawrence M.
Korn, David
Kosek, Margaret Single
Kuldau, John M.
Leake, Rosemary D.
Leiderman, P. Herbert
Lindemann, Erich
Newell, James W.
Seltzer, Ronald A.
Smith, Norman T.

Pasadena
Balfour, Donald C., Jr.
Cosby, Richard S.
Dole, Kenneth L.
Gentry, Robert W.
MacLaren, Walter R.

Pebble Beach
Dewey, Edward B.

Pomona
Van Gorder, George W.
Wilcox, John C.

Redwood City
Soholt, Stanley T.

Sacramento
Bower, Willis H.
Horn, Carl E.

San Diego
Arthur, Ransom J.
Brannon, Leland C.
Garrity, Richard W.
Havemeyer, William F.
Peabody, Homer D., Jr.
Ross, Jean D.
Thomas, Arthur D.

San Francisco
Alston, Edwin F.
Balius, Edward F.
Barnett, Charles G.
Bengle, Armand L., Jr.
Bennett, Lillian F.
Block, Peter C.
Cline, John W., Jr.
Cohen, Norman R.
Dillon, Victor M.
Dresel, Rudolph L.
Finlayson, Norris B.
Finley, Knox H.
Fisher, David A.
Fishman, Robert A.
Harrison, Marlow B.

Hartwig, Arthur R.
Jackanich, Richard F.
Jergesen, Floyd H.
Lampert, Nelson R.
Levy, S. William
Makel, Harry P.
Mellinger, George W.
Moffitt, Herbert C., Jr.
Nelson, Clarence E.
Noble, Charles A., Jr.
Pappas, Arthur M.
Perry, John W.
Pillsbury, Philip L.
Quinn, Thomas J., Jr.
Roe, Benson B.
Rosenman, Leonard D.
Rowe, John C.
Rukes, J. Max
Sampson, John J.
Sams, Bruce J., Jr.
Shaw, Edward B.
Shaw, Joseph L.
Smith, Curtis E.
Smith, Lloyd H., Jr.
Starke, Rodman D.
Uyeda, Clifford I.
van Ravenswaay, Theodore
White, Laurens P.
Williams, Hibbard E.
Wilson, Edward H., Jr.
Wohl, Richard H.

APO San Francisco
Corning, Howard B.

San Jose
Ahnlund, Nels W.
McCort, James J.

San Luis Obispo
Spangler, Paul E.

San Mateo
Campbell, Charles R.
Hills, Oscar W.
Kenner, Gerald
Key, William A.
Morrison, Gordon M.
Ratcliffe, John W.

San Rafael
Burke, Mervyn F., Jr.
Cecil, Lee McF.
Haswell, Howard P.
Manson, Elizabeth Sprague
Reed, John M.

Santa Barbara
Tanner, James W.
Tanner, Joseph B.
Veazey, Paul M.
Vitt, Robert J.

Santa Cruz
Blade, William R.

Springville
Winn, William A.

Stanford
Schimke, Robert T.
Soyka, Lester F.

Stockton
Barth, Tucker A.
Brewster, Henry H.
West, Weldon W.

Torrance
Cheer, Sheo-Nan
Moyer, Dean LaR.
Sweat, R. Earle

Truckee
Pier, Gardner

Vallejo
Gibson, George C.
Mead, Sedgwick

Van Nuys
Holtz, Albert I.

Ventura
James, William J.

Walnut Creek
Liu, Ching Tung

Woodland
Thomson, Captane P.

Woodland Hills
Fang, Harry C. H.

COLORADO

Boulder
Bedell, Richard F.
McFarland, Robert B.

Colorado Springs
Donald, James H.

Denver
Brown, Robert K.
Carey, Thomas A.
Claman, Henry N.
Cunningham, Thomas D.
Eiseman, Ben
Elrick, Harold E.
Franz, Elmer M.
Gilmore, Edward B.
Hermann, Gilbert
Higbee, Daniel R.
Hughes, Harry C.
Jobe, Merrill C.
Klapper, Jack A., Jr.
Leidholt, John D.
Lingenfelter, George P.
MacMillan, Hugh A., Jr
Matchett, Foster L.
Mitchel, Duane H.
Nellhaus, Gerhard

Packard, George B.
Peterson, Edwin W.
Rosenkrantz, Jens G.
Singleton, John W.
Spencer, J. Robert
Toll, Giles D.
Waddell, William R.

CONNECTICUT

Bridgeport
Flagg, James A.
Strayer, Luther M., Jr.

Collinsville
Griggs, John B.

Colebrook
Ragland, Stuart, Jr.

Danbury
Fornshell, Robert P.
Sweet, Paul L.

Fairfield
Harris, H. Patterson, Jr.

Farmington
Egloff, Frank R. L.
Pike, Maurice M.

Hamden
MacLeod, Gordon K.

Hartford
Bloomberg, Wilfred
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Greene, Gerald S.
Hepburn, Robert H.
Johnson, Paul R.
Levine, Philip T.
Locke, Harry L. F.
Lowell, William H., Jr.
McPherson, Sidney R.
Moloney, David R.
Ogden, Ralph T.
Seigle, Stewart P.
Stolman, Joseph M.
Sweet, Elliott B.
Thomas, John B.
Wood, Edwin C.

Manchester
Breer, Robert D.

Meriden
Wallace, Edward P.

Milford
Timm, Alexander B., Jr.

New Britain
Bosco, Harold F.

New Canaan
Hiden, Robert B.

New Haven
Abrahamian, H. Arto
Blodgett, Frederic M.
Colwell, Howard S.
Cook, Charles D.
Ewell, John W.
Fuldner, Russell V.
Garran, Leonard
Glenn, William W. L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Hunt, Samuel P.
Kneisel, John J.
Meigs, J. Wister
Morris, John McL.
O'Brien, William M.
O'Connor, Denis S.
Rogers, Orville F.
Schuntermann, Peter, P. E.
Smith, Howard W.
Whitford, Warren

New London
Barry, Richard M.
Jones, William N.

Norwalk
Gens, John P.
Mulford, Edwin H., II

Sharon
Gevalt, Frederick C., Jr.

Southbury
Harty, John E.

Stamford
Healey, James C.
Kraut, Herbert L.

Stratford
Licciardello, Anthony T.

Washington
Tenney, Benjamin

Waterbury
Cole, Clarence H.

West Hartford
Coley, Mary S.
Jones, Frank S.
Klein, Michael D.
Riege, David H.

West Haven
Gordon, Philip S.

Woodstock
Forbes, Cecile Politis

DELAWARE

Wilmington
Kimura, Kazuo K.
Maroney, John W.

DISTRICT OF COLUMBIA

Washington
Breslow, Alexander
DePriest, Oscar S.
Edmonds, Henry W.
Elite, Anthony E.
Halsted, James A.
Herrmann, John B.
Jessner, Lucie
Koppel, Elizabeth A.
Levey, Bernard
Lotz, Myron
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Paul, John R., Jr.
Peters, John H.
Randolph, Judson G.
Ruffin, Marshall deG.
Sabin, Hilbert S.
Steenburg, Edmund K.
Tabor, Celia White
Tobin, William J.
Vidal, Camilo
Watts, James W., II
Wood, William E.

FLORIDA

Bradenton
McElroy, William D.
Boca Raton
Saunders, George M.
Clearwater
Howard, Fred H.
Logue, Patrick J.
McDonald, William
Coral Gables
Keiser, Robert P.
Webster, Henry deF.
Daytona Beach
Shedden, William M.
Delray Beach
Howard, Herbert H.
Fort Lauderdale
Pierce, Francis D.
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainesville
Collins, George H.
DeBusk, Franklin L.
Kaufman, Herbert E.
Lowe, Charles U.
Robbins, John B.
Schiebler, Gerald L.
Jacksonville
Davis, James McC.
Lake City
Stall, Bernard G., III
Lakeland
Fuller, Henry
Lantana
Brock, Benjamin L.
Lighthouse Point
Stewart, John D.
Miami
Ehrenkranz, Nathaniel J.
Justi, Raymond A.
Miami Beach
Capland, Lewis
Greenberg, Jack J.
Miami Shores
Hoffman, Nancy Davis
Miami Springs
Watson, J. Laxton
Myrtle Beach
Dretler, Stephen F.
Orange Park
Tolman, E. Laurie
Orlando
Broome, Robert A., Jr.
Thompson, Edgar B., III
Ormond Beach
Bullwinkel, Bob
Pensacola
Holmes, S. Grant
Smith, Raphael F.
Sarasota
Clement, S. Preston, Jr.
Vance, Lewis A.
Vance, Robert G.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Miller, Ralph B.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.
Warington
Graybiel, Ashton

GEORGIA

Athens
Goldsmith, Lauren H.
Talmadge, Sam M.
Atlanta
Calhoun, F. Phinizy, Jr.
Claiborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H., III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.

Goldberg, Leon I.
Henderson, Brian E.
Hopkins, Cyrus C.
Isaacs, James P.
Lawrence, Robert S.
McPhedran, Alexander M.
Noble, John J., Jr.
Tuttle, Elbert P., Jr.

Columbus
Vaughan, Robert H.

Decatur
Bartlett, Walter M.

East Point
Tucker, Robert P.

Gainesville
Banks, Rafe, Jr.

La Grange
Copeland, Robert B.

Marietta
Mathis, William H., Jr.

Savannah
Brown, F. Bert

Sea Island
Wood, James A.

HAWAII

Honolulu
Dodge, Richard S.
Ginandes, Shepard C.
Stewart, Steele F.
Strachley, Clifford J., Jr.
Wong, Livingston, M.F.
Yee, Lester P. K.

Waiakoa
McGovney, Richard B.

ILLINOIS

Chicago
Barsch, John H.
Berlow, Stanley
Bliss, Harry A.
Braudo, Joseph L.
Brodkey, Jerald S.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
Drachman, David A.
Ferguson, Lloyd A.
Freinkel, Ruth K.
Howe, Henry F.
Meyer, Harold I.
Mixter, George, Jr.
Nilges, Richard G.
Paul, Oglesby
Pietra, Guiseppe G.
Rabinowitz, Murray
Richmond, Martin B.
Shorey, William D.

Evanston
DeLong, William B.

Hinsdale
Hall, Buford
Norbury, Frank B.

Lake Bluff
Ward, John L.

Lemont
Brues, Austin M.

Peoria
Clarke, Burdick G.

Rantoul
Civantos, Francisco

Urbana
Maynard, Guy B., Jr.

Waukegan
Waldman, Jerome

INDIANA

Anderson
Weiss, Louis L.

Hammond
Peiffer, Geraldine M.

Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Stetson, John B.
Wishard, William N., Jr.

Richmond
Kennedy, Robert P.

IOWA

Cedar Falls
Harden, Lewis B.

Des Moines
Gordon, Arnold M.

Iowa City
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.

Oskaloosa
Catterson, LeRoy F.

Waterloo
Bickley, Donald W.

KANSAS

Kansas City
Leape, Lucian L., Jr.

Topeka
Sack, Lawrence C.

Wichita
Blubaugh, Sidney A.
Knapp, M. Robert

KENTUCKY

Fort Campbell
Leonard, Lawrence M.

Fort Knox
O'Keefe, Dennis D.
Umlas, Joel

Harlan
Arrowood, Julia G.
Elliot, Howard L.

Lexington
Cantor, Harvey E.
Francis, Lewis
Massie, William K.
Pearl, Don C., Jr.
Sandifer, Myron G., Jr.
Scott, Thornton
Wheeler, Warren E.

Louisville
Atherton, L. Douglas
Bate, John T.
Bornstein, Allan M.
Harter, John S.
Jackson, Benjamin B.
Towery, Beverly T.

LOUISIANA

Baton Rouge
Hansen, Robert H.
Madey, Stephen L.

New Orleans
Klenk, Eugene L.
Morris, Harry D.
O'Brien, Charles P., Jr.

Shreveport
Ledbetter, Betsy A.
McIntyre, Patricia A.
Reed, Carson R., Jr.

MAINE

Auburn
Thacher, Henry C.

Augusta
Stinchfield, Alan J.

Bangor
Brown, Lloyd
Clement, James D., Jr.
Lium, Rolf

Bath
Burden, Charles E.

Brunswick
Macomber, Donald

Caribou
Collins, H. Douglas

Ellsworth
Suyama, Eji

Falmouth
Sowles, Horace K.

Friendship
Frost, Harold M.

Portland
Bidwell, Robinson LeR., II
Burrage, William C.
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Holt, Charles L.
Johnson, Oscar R.
Keating, Philip J.
McDermott, Leo J.
Thaxter, Langdon T.
Thompson, Philip P., Jr.

Saco
Stevens, Harold W.

Waterville
Stocks, Joseph F.

MARYLAND

Baltimore
Firminger, Harlan I.
Fritz, William F.
Gay, Leslie N.
Gieske, Judith P.
Grossman, Milton S.
Hollander, Joshua
Howard, John E.
Jabaley, Michael E.
King, W. Bradley, Jr.
Mayer, Richard F.
Middlebrook, Gardner
Murray, Gordon F.
Phelps, Winthrop M.
Robinson, Esther H.
Sutherland, George F.
Talalay, Paul
Thomas, Henry M., Jr.
Von Kessler, Kirby L. C.
Walser, Mackenzie
Zuidema, George D.

Bethesda
Abbott, William M.
Asher, David M.
Atkinson, Arthur, Jr.
Blass, John P.
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Burke, Robert E.
Burstein, Nelson A.
Canty, Timothy G.
Chase, Thomas N.
Churchill, W. Hallowell, Jr.
Cohen, Max H.
Davis, Burnet M.
Davis, John M.
Deuel, Thomas F.

DeVivo, Darryl C.
Engleman, Karl
Fraley, Elwin E.
Gaffney, Thomas E.
Gelehrter, Thomas D.
Gieske, Judith P.
Glass, Andrew C.
Globus, Gordon G.
Glueck, Charles J.
Gotto, Antonio M., Jr.
Greene, Martin L.
Harrington, John T., Jr.
Harting, Donald
Herberman, Ronald B.
Herman, Albert E.
Hoffer, Alex
Hutton, John J.
Jackson, Stephen H.
Johnson, Eric H.
Kahan, Barry D.
Langer, Terry
Laster, Leonard
McEnany, Michael T.
Mudd, S. Harvey
Murad, Ferid
Myers, Richard S.
Omenn, Gilbert S.
Paolitto, Frank J.
Pincus, Theodore P.
Pollock, Edward J.
Potts, John T.
Price, Donald L.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Ryan, James J.
Sarnoff, Stanley J.
Scolnick, Edward M.
Smith, Arnold L.
Spann, James F., Jr.
Steckel, Richard J.
Strauss, John S.
Strober, Samuel
Taunton, Oscar D.
Thach, William T., Jr.
Turner, John D.
Vagelos, Pindaros R.
Vessell, Elliot S.
Volpe, Joseph J.
Waldmann, Thomas A.
Willerson, James I.
Williams, Willis H.
Wolff, Jan
Wynne, Lyman C.

Chevy Chase
Brown, Robert H.
Clapp, Stewart
Varney, Hewitt I.

Easton
Stoddard, James K.

Ellicott City
Molliver, Mark E.

Owings Mills
Greene, D. Crosby, Jr.

Rockville
Gray, Sheila H.
Leventhal, Brigid G.
Leventhal, Carl M.
Levey, Gerald S.
Sheagren, John N.

Silver Spring
Mirkin, Gabriel B.
Moss, Gerald S.
Waldmann, Katherine Spreng

Takoma Park
Blunden-Morris, Dulcie E.

Towson
Adams, John E.

MASSACHUSETTS

Andover
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walter T.

Arlington
Benda, Clemens E.
Burbank, Charles B.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.
Smith, Richard H.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
LeVine, Herbert O.

Bass River
Anderson, Elroy E.

Bedford
Clifford, M. Henry

Belmont
Alexander, William
Altschule, Mark D.
Aub, Joseph C.
Bain, Jane
Bell, Norman W.
Berman, Jane M.
Bernstein, Stephen B.
Biddinger, John E.
Birger, Daniel
Blau, David
Bonier, Richard J.
Bornstein, Irving D.
Budson, Richard D.
Cain, Arthur J.

Caldwell, Enid
Christ, Jacob
Churchill, Edward D.
Clark, John G., Jr.
Coleman, Roy M.
Coser, Rose L.
Craven, N. Scott
Crone, Neil L.
Davidson, Edwin M.
de Marneffe, Francis L. A.
Dinsmore, Paul R.
Eichberg, Joseph, Jr.
Eldred, Stanley H.
Embree, Larry J.
Feingold, Albert H.
Fern, Donald J.
Fischberg, Bruce W.
Folch-Pi, Jordi
Green, Sidney
Greenberg, Ramon M.
Griffith, David D.
Hauser, George P.
Haycox, James A.
Hermann, Howard T.
Herzberg, Joseph H.
Hess, Helen H.
Howard, Paul M.
Hudson, Carlos
Isenberg, Phillip L.
Jakab, Irene
Jenney, Peter B.
Kagan, Jerome
Kahne, Merton J.
Kaufman, Irving
Kazanjian, Varaztad H.
Kenney, Helen J.
Kershaw, Beatrice R.
Lees, Marjorie B.
Levine, Matthew E.
Longabaugh, Richard H.
Malone, Michael J.
Marks, Alan N.
Miller, Martin A.
Mintz, Norbett L.
Mintz, Sophie B.
Mokrasch, Lewis C.
Nuttall, Ronald L.
Perry, Jalna A.
Pope, Alfred
Reinhardt, Scott A.
Robbins, Michael D.
Robinson, Phelps M.
Ross, Mathew
Schnitzer, Robert D.
Semon, Ralph G.
Sens, Richard
Shaw, Daniel
Shein, Harvey M.
Sherman, Lewis J.
Simon, Franklin S.
Snider, Marvin
Solomon, Leonard F.
Sperber, Michael A.
Stanton, Alfred H.
Stauffer, Ruth E.
Stern, Robert
Stiver, Irene Pierce
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Stone, Alan A.
Suescum, Alfredo T.
Torop, Paul
Walter, Mark M.
Washburn, Stephen L.
Weinstock, Robert
Weisman, Avery D.
Williams, Harold W., Jr.
Yellen, Martin
Yudowitz, Bernard S.
Zigelbaum, Sheldon D.
Ziskind, Alan E.

Beverly

Alt, Richard E.
Carbone, Duane F.
Fienberg, Robert
Lamkins, Burnham E.
MacDonald, Alexander S., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Todd, Barnard P.

Boston

Abbott, John A.
Abel, Ronald M.
Ackerman, A. Bernard
Ackerman, Irving P.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Raymond D.
Agranat, Barry J.
Aisenberg, Alan C.
Allen, David W.
Allen, Henry F.
Alpers, David H.
Ames, Adelbert, III
Andrew, Norman W.
Appel, Eugene L.
Arnason, Barry G. W
Arndt, Kenneth A.
Aronow, Saul
Asbury, Arthur K.
Asher, Marc A.
Ashworth, Michael A.

Boston (continued)

Aster, Richard H.
Aström, Karl E.
Atherton, Stephen O.
Atkins, Leonard
Aufranc, Otto E.
Austen, K. Frank
Austen, Wm. Gerald
Autor, Sanford M.
Autor, Sherry B.
Babb, Joseph D.
Babineau, Jean P.
Baden, Howard P.
Badger, Theodore L.
Baker, Edward P.
Baker, George P., Jr.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baldwin, Wayne E.
Ballantine, H. Thomas, Jr.
Balogh, Karoly
Bandler, Bernard
Banks, Henry H.
Baringer, J. Richard
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnett, G. Octo
Barr, Joseph S., Jr.
Barry, Herbert J., Jr.
Bartlett, Marshall K.
Barton, Robert W.
Barton, Theodore C.
Battit, George E.
Beck, Laurence H.
Beck, William S.
Becker, Lewis C.
Beecher, Henry K.
Behrendt, Douglas M.
Behringer, Glenn E.
Beier, Helen
Beisaw, Norman E.
Bell, Michael H.
Bendixen, Henrik H.
Benedict, Edward B.
Benedict, Karl T.
Benedict, Patricia H.
Berenberg, William
Berke, Raymond A.
Bernardino, Evelina
Bernstein, Norman R.
Bertland, Alexander U.
Bierbaum, Benjamin E.
Bigelow, Frederick S.
Bilheimer, David W.
Binger, Carl A. L.
Bird, Kenneth T.
Black, Paul H.
Bland, Edward F.
Blane, Howard T.
Blank, Irvin H.
Bloch, Kurt J.
Bloom, Edward R.
Boland, Arthur L.
Bowen, Charles R.
Boyd, Robert J.
Brendler, Samuel J.
Brendze, Robert B.
Brewster, David C.
Briefer, Caesar, Jr.
Briggs, Burton A.
Brockhurst, Robert J.
Brown, Arthur E.
Brown, Charles E.
Brown, Michael S.
Brown, Thornton
Brownell, Gordon L.
Brubaker, Richard F.
Bruner, John M. R.
Buchanan, Thomas M.
Bucher, Nancy L. R.
Buckley, Mortimer J., Jr.
Budson, Richard D.
Burke, John F.
Burnett, Jean B.
Burnham, Charles A.
Burnside, John W.
Burrage, Walter S.
Burton, Richard I.
Burwell, C. Sidney
Bush, Richard D.
Bushnell, Leonard S.
Byers, Randolph K.
Cameron, Fergus M.
Caner, G. Colket
Cannon, Bradford
Cantor, Frederick K.
Cantu, Robert C.
Caplan, Gerald
Carey, Robert W.
Carnes, Harold A.
Carr, Matthew L.
Carroll, Brian C.
Carter, Edwin L.
Carter, James R., Jr.
Cass, John W.
Casten, Virgil G.
Castle, William B.
Castleman, Benjamin
Caulfield, James B.
Cave, Edwin F.

Boston (continued)

Chafetz, Morris E.
Chandler, Hugh P.
Chang, Wallace H.-J.
Chapin, David S.
Chapman, Earle M.
Chiu, Thomas L.
Christman, George
Christy, Helen C.
Cihak, Robert J.
Civan, Mortimer M.
Civetta, Joseph M.
Clark, Wallace H., Jr.
Clifford, Stewart H.
Cloherty, John P.
Cloos, Antoine
Clouse, Melvin E.
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohen, Alfred M.
Cohen, George L.
Cohen, Johnathan
Cohen, Mandel E.
Cohen, Richard B.
Cole, Edwin M.
Colman, Roberta F.
Colman, Robert W.
Connelly, John P.
Conners, C. Keith
Constable, John D.
Coons, Albert H.
Cooper, Joel D.
Cope, Oliver
Cope, Stuart
Cori, Carl F.
Corry, Robert J.
Cosimi, A. Benedict
Crabtree, Harvard H.
Crawford, Dorothy M.
Crawford, John D.
Cronkhite, Leonard W., Jr.
Crowell, Robert M.
Culver, Perry J.
Currens, James H.
Cutler, Bruce St. J.

Daggett, Willard M., Jr.
Daland, Ernest M.
Dale, David C.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
Daniels, Gilbert H.
d'Autremont, Chester C.
Davidoff, Frank F.
Davidson, Gerald E.
Davies, John A. V.
DeGroot, Leslie J.
Dehner, Gerard A.
DeLong, George R.
DeLorme, Thomas L.
d'Elseaux, Frank C.
DeSanctis, Roman W.
DeWilde, Herman
Deykin, Daniel
Dienes, Louis L.
Dineen, James J.
Dinsmore, Robert E.
Doctoroff, Stephen J.
Donaldson, Gordon A.
Donoff, Robert B.
Donovan, Donald D.
Donovan, Woodrow M.
Dreyfus, Pierre M.
Dreyfuss, Jack R.
Duchon, Jiri
Duda, Gerhart A.
Duff, Arthur W.
Duncan, Adah M
Duritz, Gilbert
Dvorak, Harold F.
Dwyer, Thomas F.
Dyer, Thomas E.

Eaton, Ann E.
Eaton, S. Boyd
Egbert, Lawrence
Eisenberg, Leon
Eliot, Christopher R.
Eliscu, Edward H.
Ellis, Daniel S.
Ellis, Lawrence B.
Ellman, Leonard L.
Elsey, Edward C., Jr.
Engel, Lewis L.
England, Albert C., Jr.
Epstein, Ervin H., Jr.
Erdmann, Albert J., III
Ervin, Frank R.
Esmaili, Mohammad H.
Estes, Joseph W.
Evans, Robert E.
Ewald, Frederick C.
Farmer, Douglas A.
Faulkner, James M.
Fawsett, Don W.
Fazioli, Ruth A.
Federman, Daniel D.
Feigin, Ralph D.
Feingold, Murray
Feldman, Charles L.
Ferris, Benjamin G.
Ferrucci, Joseph T.
Figman, Robert J.

Boston (continued)

Finck, Albert J.
Fine, Jacob
Finseth, Frederick J.
Fischer, Josef E
Fisher, C. Miller
Fisher, Michael
FitzHugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Flacke, Joan W.
Flanagan, Joseph M.
Flax, Martin H.
Flaxman, B. Alan
Fleischli, Donald J.
Fleischner, Felix G.
Fleming, T. Corwin
Flynn, Chester J.
Folkman, Moses J.
Forbes, Anne P.
Forget, Bernard G.
Forrester, Deborah M.
Foster, Gerald S.
Fozard, James L.
Fowler, Joseph W. III
Frankel, Freddy H.
Franklin, William
Franseen, Clifford C.
Frazier, Howard S.
Freedberg, Irwin M.
Freedman, Harold J.
Freymann, John G.
Friedlich, Allan L.
Furman, Eric B.

Gada, Preston H.
Galdabini, James J.
Gallia, Francis J.
Ganz, Robert N.
Garcia John
Gardella, Joseph W.
Gardner, George E.
Gardner, Laurence B.
Garland, Joseph
Garrett, John W. D.
Gauld, A. Gordon
Geffin, Bennie
Gelb, Lawrence D.
Gephart, F. Thomas
Gergely, John
Gezon, Horace M.
Gibbs, Richard F.
Gibson, James M.
Glicklich, Earl A.
Glimcher, Melvin J.
Glotzer, Donald J.
Gold, Gerald N.
Goldberg, Alan H.
Goldblatt, Allan
Goldfein, Michael
Goldfinger, Stephen E.
Goldman, Gerald C.
Goldstein, Joseph L.
Goodman, Derek J.
Goodwin, John A.
Goudsouzian, Nishan G.
Grave, Gilman D.
Green, Thomas H., Jr.
Green, William T., Jr.
Greenberg, Doris M.
Greenberg, Martin H.
Greene, Reginald E.
Greenleaf, David T.
Greisman, John J.
Griesemer, Robert D.
Griffith, Donald P.
Griffith, John F.
Grillo, Hermes C.
Griscom, Nathan T.
Gross, Brian H.
Gross, Jerome
Grove-Rasmussen, Morton
Grover, John W.
Guralnick, Walter C.

Haber, Edgar
Hackett, Thomas P.
Haessler, Herbert A.
Hairabet, John K.
Hakala, Thomas R.
Hall, Thomas C.
Halldorsson, Thortakur S.
Hallowell, Phillips
Hamlin, Edward, Jr.
Hammond, Graeme L.
Harris, Eddie H.
Harris, Edward D., Jr.
Harris, Jerry L.
Harthorne, J. Warren
Harris, William H.
Harwood, Reed
Haschemeyer, Audrey E. V.
Hashimoto, Ken
Hawes, Lloyd E.
Hayden, E. Parker
Head, John M.
Hedberg, Stephen E.
Hedley-Whyte, John
Heilbronn, Yechiel D.
Heller, Richard M.
Hendren, W. Hardy
Hendrick, Ives
Henneman, Elwood
Hennessey, John W.
Herbst, Arthur L.

Boston (continued)

Hershberg, Robert A.
Hill, Lewis W.
Hill, Marjorie J.
Hill, William R., Jr.
Hodge, Alan J.
Holder, Richmond
Hopkins, Robert P.
Hori, Yoshioki
House, James M.
Howe, Henry D.
Howry, Douglass H.
Huber, William M.
Huddleston, James I.
Hugenberger, Paul W.
Huggins, Charles E.
Humphreys, Storer P.
Huntington, Benjamin L.
Hurxthal, Lewis M.
Hutcheson, Bellenden R.
Hyslop, Newton E., Jr.
Imbembo, Anthony L.
Ingersoll, Francis M.
Irwin, John W.
Irwin, Robert J., Jr.
Isselbacher, Kurt J.
Jacobs, Edward E., Jr.
Jacobson, Bernard M.
Jacobson, Gary
Jacoby, George A., Jr.
James, A. Everette, Jr.
Jang, Geun C.
Janower, Murray L.
Jarrett, Fredric
Jeanloz, Roger W.
Jenkins, Charles K.
Jones, Chester M.
Jones, H. Walter, Jr.
Jones, Wallace A.
Jones, Wm. Norman
Joplin, Robert J.
Joseph, John B.
Kabbani, Mahmoud M.
Kalckar, Herman M.
Kane, Lewis W.
Kantrowitz, Paul A.
Karavolas, Harry J.
Karian, Edward
Kark, R. A. Pietre
Katz, Elton P.
Katz, Samuel L.
Kazanjian, Kenneth A.
Kazemi, Homayoun
Kearsley, Richard B.
Keenan, M. Edward
Keenan, Thomas J.
Keller, Albert R.
Keller, John W.
Keller, Robert B.
Kelley, Rita M.
Kelley, Sylvester B.
Kelley, William B.
Kelly, Leo T.
Kerr, Walter S., Jr.
Ketchum, William F.
Kety, Seymour S.
King, M. Vernon
Kinsey, Dera
Kite, Owen W.
Kjellberg, Raymond N.
Kliman, Bernard
Knapp, Peter H.
Knowles, John H.
Koch-Weser, Jan
Kohn, Henry I.
Kolodny, Gerald M.
Kopald, Hugh H.
Kopriva, Charles J.
Kornblith, Paul L.
Koumans, Alfred J. R.
Kozol, Harry L.
Kramer, Dieter
Krane, Stephen M.
Kranes, Alfred
Kravitz, Arthur R.
Kubik, Charles S.
Kuhns, John G.
Kulka, Johannes P.
Kunz, Lawrence J.
Lamdin, Susanne J.
Lamont, John H.
Lang, David J.
Laver, Myron B.
Lawrence, Glenn W.
Lawson, Dexter W.
Leadbetter, Wyland F.
Leaf, Alexander
Leak, Lee V.
Leake, Donald L.
Leeman, Cavin P.
Leff, Robert
Lehrich, James R.
Leibel, Rudolph L.
Leibovich, Miguel A.
Lele, Padmakar P.
Lerman, Jacob
Leskowitz, Sidney
Lever, Walter F.
Levey, Raphael H.
Levine, Herbert J.
Levine, Melvyn B.
Levitan, Julius J.
Lewis, Allen S.

Boston (continued)

Lewis, Michael B.
Lincoln, Robert C.
Linekin, Arthur J.
Liss, Robert A.
Lithwick, Norton H.
Little, John B.
Littlefield, John W.
Litwin S. Bertrand
Lo, Hing-Har
Lombroso, Cesare T.
Lorch, Stephen
Lorenz, Maria
Lott, Ira T.
Lowell, Francis C.
Lowell, J. Drennan
Lowenstein, Edward
Lowis, Samuel
Ludwig, Alfred O.
Lund, Charles C.
Lupien ,Gordon F.
Mabrey, Roy E.
MacAusland, William R., Jr.
MacDougal, Bruce A.
Mack, John E.
Mackay, Harry A.
Mackay, Malcolm
MacMillan, Alexander S., Jr.
Maderson, Paul F. A.
Malone, Lawrence J.
Maloof, Farahe
Malt, Ronald A.
Mann, Walter
Mannik, John A.
Mansfield, Peter B.
Manzi, Rita A.
Marble, Alexander
Marcus, Saul M.
Margolies, Michael N.
Mark, Vernon H.
Marsland, David W.
Martin, Donald B.
Mason, John W.
Masters, Richard
Mathé, Aleksander
Mathieu, Alix
Mayman, Chaim I.
Maynard, Edwin P., III
Mayo, Clara
Mayo, Richard A.
McAlpine, Frederick S.
McArthur, Janet W.
McCully, Kilmer S.
McDermott, William V., Jr.
McFarland, James C.
McGill, Raymond J., Jr.
McGuire, Michael T.
McKenna, Paul
McKittrick, John B.
McKittrick, Leland S.
McLaughlin, Ambrose P., III
McNamara, John J.
McNamara, Joseph J.
McNeely, William F.
McNeil, Barbara J.
McNeill, J. Malcolm
McPeek, Bucknam
Mechanic, Gerald L.
Medrek, Theodore F.
Messner, Edward
Michalska, Irena K.
Michelsen, Jost J.
Miller, Lawrence M.
Mills, John A.
Miner, Richard L.
Ming, Si-Chun
Minna, John D.
Misch, Robert C.
Mital, Mohinder A.
Moellering, Robert C., Jr.
Mogielnicki, Robert P.
Momose, K. Jack
Monaco, Anthony P.
Moncure, Ashby C.
Monchik, Jack M.
Moolton, Frederick L.
Moore, Francis D.
Moore, Gordon T.
Moore, Michael J.
Moore, William R.
Morley, Helen R.
Morris, Roger H.
Morrison, Harvey R.
Moser, Hugo W.
Moses, John M.
Mueller, Harry L.
Mulliken, John B.
Mundth, Eldred D.
Murphy, John D.
Murphy, William F.
Murray, Joseph E.
Myers, Gordon S.
Nadas, Alexander S.
Nalebuff, Edward A.
Nardi, George L.
Nash, Andrea H.
Nash, Gerald
Nathan, Louis
Nathan, Martin J.
Nebesar, Robert A.
Nelson, Michael M.
Nemiah, John C.
Neuhauser, Edward B. D.

Boston (continued)

New, Paul F. J.
Nikaido, Hiroshi
Norcross, John W.
Noss, George M.
Nozik, Daniel L.
O'Connell, Francis D.
Oh, Kook S.
Oh, Won Hwan
Ojemann, Robert G.
Okun, Milton R.
Oparil, Suzanne
Orr, James C.
Ottinger, Leslie W.
Otto, William J., Jr.
Ouellette, Eileen M.
Page, David L.
Palmer, Robert S.
Parkhurst, Edward C.
Parsons, Langdon
Pascale, Jane Fay
Patel, Dineshkumar G.
Pathak, Madhukar A.
Patterson, Robert D.
Pearlman, Alan L.
Pechet, Maurice M.
Peebles, Richard R.
Peebles, Thomas C.
Pendergrass, Henry P.
Perlo, Vincent P.
Perlstein, George
Pfister, Richard C.
Phillips, Edgar B., III
Phillips, Frederic J.
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Pittman, Thomas A.
Pitts, William R., Jr.
Platt, Melvin R.
Point, W. Warren
Poletti, Charles E.
Pollen, Daniel A.
Pollard, James J.
Pontopidan, Henning
Porter, Huntington
Poskanzer, David C.
Poss, Robert I.
Potsaid, Majic S.
Poulin, Frederick K.
Powell, William, Jr.
Pratt, Theodore C.
Prescott, Richmond
Preston, Edwin T.
Prieto, Alberto, Jr.
Purves, Dale
Putschar, Walter G. J.
Quarton, Gardner C.
Quinby, John T.
Quinby, William C., Jr.
Rabe, Edward F.
Rabkin, Mitchell T.
Rackemann, Francis M.
Radin, Eric L.
Raff, Martin C.
Raines, Richard B.
Raker, John W.
Randerath, Erika E.
Randerath, Kurt
Raphling, David L.
Rapin, Annette M. C.
Ray, Barbara A.
Record, Eugene E.
Reid, Duncan E.
Remensnyder, John P., Jr.
Replogle, Robert L.
Rever, George W.
Reyersbach, Gertrud C.
Reynolds, Stephen L.
Rhine, Mark W.
Rice, Jack O.
Rich, James G., Jr.
Rich, James G.
Richardson, Edward P.
Richardson, George S.
Richter, Howard A.
Riddle, David E.
Rider, Robert F.
Rieder, Sidney V.
Riseborough, Edward J.
Robbins, Laurence L.
Robboy, Stanley J.
Robertson, Charles W.
Robinson, Dwight R.
Robinson, John C.
Rodkey, Grant V.
Rolde, Alexandra Kail
Ropes, Marian W.
Rosenberg, Earle H.
Rosenberg, Irwin H.
Rosenberger, Peter B.-B.
Rosene, Philip G.
Rosman, Norman P.
Roth, Sanford I.
Rowe, Carter R.
Rowland, Christopher Van A., Jr.
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rutstein, David D.
Sabesin, Seymour M.
St. Goar, Walter T.
Salam, Maria V. Z.

Boston (continued)

Salib, Philip I.
Samaha, Frederick J.
Sanchez, Guillermo C.
Sanders, Charles A.
Sanders, Jay H.
Sandler, Allan I.
Sanford, Barbara H.
Satin, David G.
Scanlon, John W.
Scannell, J. Gordon
Schantz, Arthur S.
Schapiro, Robert H.
Schauble, James F.
Scheuplein, Robert
Schmidek, Henry H. H.
Schmitt, E. William, Jr.
Schnur, James A.
Scholl, Mary Louise
Schulman, Joseph D.
Schulz, Milford D.
Schuster, Samuel R.
Schwab, Robert S.
Scott, H. Denman
Scott, Jesse F.
Scott, William R.
Scully, Robert E.
Sears, John B.
Seigne, Talbot D.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Shangraw, Keith A.
Shannon, Daniel C.
Sharp, Geoffrey W. G.
Shattuck, George C.
Shaw, Robert S.
Shea, Thomas E.
Shean, Fredric C.
Sheldon, Charles P.
Shields, Lawrence T.
Shine, Kenneth I.
Shipley, William U.
Short, Charles L.
Sidel, Victor W.
Sidman, Murray
Sidman, Richard L.
Sifneos, Peter E.
Silverstein, Samuel C.
Simon, Harold
Simon, Harvey B.
Simon, William B.
Simon, William H.
Simone, Andrew A.
Sisson, John H.
Sisson, Warren R.
Skinner, James C.
Skinner, Mary D.
Sledge, Clement B.
Slater, Barbara L.
Sleeper, Edward L.
Sloane, Robert E.
Sloss, Laurence J.
Smedley, Lois M.
Smith, Charles M.
Smith, Gene M.
Smith, Richard G.
Smith, Richard M.
Smith, Thomas W.
Smitherman, Thomas C.
Smith-Petersen, Morten
Smithwick, Reginald H.
Sneddon, Ernest A.
Snodgrass, Samuel R.
Snyder, John C.
Sohier, W. Davies, Jr.
Solomon, Harry C.
Soloway, Albert H.
Sosman, John L.
Sox, Harold C., Jr.
Spangler, Arthur J.
Sparling, Philip F.
Spear, Louis M.
Speare, George S.
Spellman, John W.
Spinelli, Ralph W.
Squires, Homer J.
Stachiewicz, Danuta M.
Stason, William B.
Steele, Robert E., Jr.
Stempien, J. Henry
Stephenson, Mary L.
Stewart, Michael M.
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Lawrence A.
Stossell, Thomas P.
Stratton, Kathleen
Strickler, William L.
Strieder, Denise J.
Strole, William E., Jr.
Struble, Robert A.
Sturdevant, Charles L
Sturgis, Somers H.
Suby, Howard I.
Sugarbaker, Everett V.
Sukenik, Herbert J.
Sullivan, William H.
Swan, Charles L., Jr.
Swartz, Jacob H.
Swartz, Morton N.
Sweet, William H.
Szabó, George

Boston (continued)

Szyfelbejn, Stanislaw
Taft, Edgar B.
Taft, Priscilla D.
Talbot, Nathan B.
Tantum, K. Robert
Tanzer, Marvin L.
Taylor, Julius W.
Tefft, Melvin
Tew, John McL.
Thier, Samuel O.
Thoma, Kurt H.
Tilley, Robert F.
Toda, Kiyoshi
Todd, Donald P.
Tofield, Joshua J.
Tolman, Maurice M.
Tomchik, Frederick S.
Tomoda, Masashi
Touchette, Paul E.
Trachtenberg, Howard A.
Traul, Richard S.
Travis, Dorothy F.
Trevett, Laurence D.
Trivus, Robert H.
Truman, John T.
Tucker, Walter I.
Ulfelder, Howard
van Amerogen, Suzanne T.
Vander Salm, Thomas J.
Vanderveen, James L.
Van Pelt, Ingeborg
Vermillion, Clinton D.
Vickery, Austin L., Jr.
Villee, Dorothy B.
von Felsinger, John M.
Wacks, Jerry
Wallace, James W.
Wallach, Donald F. H.
Walzer, Sarita G.
Wang, Chiu-an
Wang, Chiu-chen
Ware, Roland G., Jr.
Warren, Richard
Warshaw, Andrew L.
Warshaw, Joseph B.
Watkins, Arthur L.
Watson, Barbara K.
Watts, Hugh G.
Waud, Barbara E.
Waugh, Nancy C.
Webb, Suzanne S.
Weber, Alfred L.
Webster, Edward W.
Wedrow, Earl M.
Weinberg, Arnold N.
Weiner, Milton A.
Weinfeld, Marvin S.
Weingarten, Charles H.
Weinshilboum, Richard M.
Weinstein, Louis
Weintraub, Ronald M.
Weiss, Alfred D.
Weiss, Ira W.
Welch, Claude E.
Wells, Lionelle D.
Wepsic, James G.
Wescott, Dorothy A.
Wesley, John R.
Wexler, Marvin J.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
White, James C.
White, Paul D.
Whiting, Richard G.
Whitlow, Dennis R.
Wilensky, Samuel
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Willens, John S.
Williams, Christine L.
Williams, Conger
Williams, Roger A.
Williams, Vernon P.
Wills, A. Allison, Jr.
Winkler, Gerald F.
Winn, Henry J.
Wipfelder, Rosemarie
Wirthlin, LeRoy S.
Wishner, Stanley H.
Wittenberg, Jack
Wolf, Laurence E.
Wolfe, Hubert J.
Wolfson, Steven
Wolk, Richard B.
Wolpow, Edward R.
Woo, Sybil Wong
Wood, David J.
Wood, William C.
Woodruff, Lorande M.
Woods, Bryan T.
Worthington, Michael G.
Wright, R. Lewis
Wyman, Edwin T., Jr.
Wyman, Stanley M.
Yakovlev, Paul I.
Yankauer, Alfred
Yett, Harris S.
Yodh, Shyam B.
Yokoyama, Mitsuo M.
Young, D. Michael
Young, Hugh H., II
Young, Robert R.
Yurchak, Peter M.
Zacharias, Leona
Zamcheck, Norman

Boston (continued)

Zamecnik, Paul C.
Zavarine, Richard
Zeitlin, Gerald L.
Zeller, John W.
Zigmond, Naomi
Zimbler, Seymour
Zinninger, George F.

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
Cavanaugh, James J. A.
Flynn, Robert E.
Hurston, Ronald O.
O'Brien, Richard G.
Yount, William J.

Brockton
Chase, John S.
Dickersin, G. Richard
Duncombe, Alfred L.
Miller, Abbott R.
Sinesi, Sabino J.

Brookline
Albright, Fuller
Barker, Robert H.
Barnum, Francis G., Jr.
Barsh, Laurence I.
Beuscher, William F.
Bogoch, Samuel
Burgin, Leon B.
Chalpin, George
Cline, Herbert S.
Darling, R. Clement
Derow, Harry A.
Dyer, Edward C.
Esmiol, Pattison
Faxon, Henry H.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Hoeffel, Gerald N.
Holland, Daniel J., Jr.
Homans, John, Jr.
Hormell, Robert S.
Kahana, Eda M.
Kety, Josephine G.
Kris, Kathryn Beck
Levin, Sidney
Linton, Robert R.
MacAusland, Andrew R.
Mittel, Newman S.
Modell, Arnold H.
Muirhead, Donald M., Jr.
Mushatt, Cecil
Nahor, Amos
Newell, John L.
Potter, Maxwell G.
Prather, George C.
Rhodes, Frank I.
Rock, John
Salzman, Edwin W.
Schatzki, Richard
Schatzki, Stefan C.
Shea, Cornelius J.
Smith, Judson A.
Smith, William D.
Spalding, Roger
Sturgis, George P.
Thomas, William H.
Van Buskirk, David
Viets, Henry R.
Webster, Richard C.
Weiner, Robert M.
Winsor, Allen P.
Wolff, Louis
Young, Edward L.
Zarsky, Edward L.
Zaudy, Eleanore C.

Bryantville
Angley, John C.

Cambridge
Ackroyd, Frederick W.
Aeschliman, Barbara L.
Anliker, James E.
Balch, Franklin G., Jr.
Bell, Eugene
Bock, Arlie V.
Brazelton, T. Berry
Carter, Franklin
Catlin, Randolph, Jr.
Cohen, Morris
Coles, Martin R.
Coolidge, John C.
Damon, Albert
Dawes, Daniel C.
Decker, Briant L.
Deutsch, Helene
Dexter, Chester J.
Dreier, Theodore, Jr.
Evans, Robley D.
Everett, Henry C., III
Farnsworth, Dana L.
Floyd, Cleveland
Frank, Thomas
Gates, Philip H.
Gordon, John E.
Grunebaum, Henry U.
Hansen, Robert J.
Hardy, Harriet L.
Hubbard, Eliot, Jr.
Linnell, Zenos M.
Livingston, M. Stanley
Lurie, Hugh J.
Manson, James G.

Mason, Edward A.
Matz, Myron H.
Means, Paul H.
Merrill, Edward W.
Miller, Elliott V.
Porter, Philip J.
Postel, Sholem
Reid, Elizabeth Aub
Richie, Robert H., Jr.
Robey, John S.
Rosales, Remedios K.
Ross, Ralph A.
Scatchard, George
Sharpe, William, Jr.
Shelton, William R.
Sprague, Howard B.
Stanbury, John B.
Tingey, William H., Jr.
Toll, Karel van Syckel
Townsend, James H.
Trump, John G.
Weinberger, Jerome L.
Weiner, Leonard R.
Weiss, Ruth S.
Wohl, Martin J.
Wurtman, Richard J.
Yaffee, Howard S.
Zetzel, Elizabeth R.
Zinberg, Norman E.

Canton
Yens, Otto C.

Carlisle
Haendel, Frank

Chelsea
Barrie, Joseph R.
Keitt, Alan S.
Lloyd, Kenneth M., II

Chestnut Hill
Daniels, Edward M.
Daniels, Hadassah S.
Hodgson, John S.
Thorndike, Augustus
Wermer, Henry
Wermer, Olga S.
Whiskin, Frederick E.

Cohasset
Morse, George W.
Sceery, Robert T.

Concord
Austin, Richard C.
Fay, Gardner F.
Hallenbeck, Dorr F., Jr.
Heath, Parker, Jr.
Hoover, Terrance D.
Keuper, Charles S.
McDonald, Francis C.
Norton, Paul L.
Ruboy, Jordan S.
Toomey, Edward G,
Whitfield, Thomas J., III

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Patton, Anthony S.
Thornton, Clarence E.

Dedham
Osborne, Robert K.
Putnam, Henry M.
Rectanus, Daniel R.
Soutter, Lamar
Sweetnam, George H.

Dorchester
Dempsey, Peter A.
Feldman, Morton V.

Dover
Clowes, George H. A., Jr.
Santoro, Benjamin T.

Duxbury
Fowler, Dwight M.

East Falmouth
Steel, David

Edgartown
Mazer, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.
Mason, William
Spencer, Jack

Falmouth
Bixby, H. Irving

Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.

Foxboro
Putnam, James J.

Framingham
Albert, Joseph
Ash, Homer L.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore
Senghas, Richard E.

Gardner
McPeak, Clarence N.

Gloucester
Kline, Robert M.

Greenfield
Buchanan, William R., Jr
McClelland, William K.
Moran, John E.

Groton
Pittman, Helen S.

Hadley
Huntington, James L.

Harvard
Wolterbeek, Jacob C.

Hathorne
Crossfield, Ruth M.
Hagopian, Peter B.
Hingham
Eldredge, LeRoy L., Jr.
Holyoke
Bagg, Edward P., Jr.
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Mahoney, Stephen A., Jr.
Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.
Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Chute, Richard
Dwight, Richard W.
Edsall, Geoffrey
Graham, John R.
Levene, Martin B.
Lloyd, John B.
Luongo, Michael A.
Scaliter, Dora F.
Timberlake, William H.
Turner, Roderick H.
Zieper, Irving
Lakeville
Sachs, Benjamin
Lawrence
Buchanan, Douglas
D'Urso, John J.
Holihan, Joseph P.
O'Shea, James A.
Leominster
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Cosgrove, William L
Friedman, Leonard J.
Joseph, Alfred T.
Mixter, Charles G., Jr.
Petersen, James A.
Lincoln
Keevil, Charles S., Jr.
Murphy, Ruth
Longmeadow
Huston, Lewis L.
Plotkin, Leonard H.
Lowell
Grant, George J. M.
Letsou, Vasilios G.
Lynn
Connolly, Thomas F.
Dierks, Marianne
O'Keefe, Edward S.
Sarris, Spiros P.
Slater, Eliot M.
Taggart, F. Howard, Jr.
Lynnfield
Newhall, Harvey F.
Malden
Bennett, Doris R.
Bennett, Warren
Garrey, Walter E.
Manchester
Fremont-Smith, Maurice
Marblehead
Hopkins, Stanford W.
Kimball, Peter G.
Mattapan
Calderon, Doninador C.
Medford
Guthrie, Andrew D., Jr.
O'Connor, Harrison
Melrose
Baker, H. Powell
Glines, George A.
Osgood, Herman A.
Thorp, Edward G.
Watson, Richard H.
Milton
Dickson, William A.
Driscoll, Robert A.
McGrath, Edward F.
O'Keeffe, Arthur F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina
Nahant
Lawson, George B.
Natick
Hanelin, Joseph
Needham
Jackson, Henry, Jr.
Vanderpol, Maurice
New Bedford
Lewis, Emory O.
Tripp, Curtis C.
Newburyport
Bullard, Carleton W.
Newton
Adler, Morris H.
Brooks, Leslie
Cion, Maurice C.
Kayce, Melvin M.
May, George A., Jr.
McDonnell, Nancy J.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.

Chasen, Mignon C.
Derow, Sidney
Gill, Benjamin F.
Kennard, Harrison E.
Livingstone, John B.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.

Newton Highlands
Brailey, Allen G.
Kaplan, Samuel

Newton Lower Falls
Garcelon, Gerald
King, Howard S.
McGinty, John B.
Page, Lot B.
Temby, William D.

Norfolk
Yatsuhashi, Masao

North Adams
Urmy, Thomas Van O.

Northampton
Averill, James H.
O'Shea, Clare Marshall
Tatlock, Hugh

North Andover
Rogers, Horatio
Wallwork, David W.

Peabody
Conway, Richard E.
Lurie, Arthur S.

Pittsfield
Tracy, Robert J.

Plymouth
Haggart, G. Edmund
Hamilton, Harold H.

Pocasset
Sanborn, Frederick

Quincy
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David

Randolph
Moore, Robert F.

Roslindale
Guardo, James L.
Linenthal, Arthur J.

Roxbury
Dumont, Mathew P.
Talamo, Richard C.

Salem
Clark, DeWitt S., Jr.
Lowd, Harry M., Jr.
Phippen, Walter G.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Stebbins, Henry D.
Thompson, Richard H.

Somerville
Pollard, John T., Jr.
Whitelaw, George P.

South Dartmouth
Higgins, Robert B.

South Duxbury
Shirley, J. Newton

South Hamilton
Bacon, William B.

South Sudbury
Adelson, William J.

South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.

Springfield
Carson, Parker C.
Derby, Joseph P.
Derrick, Charles C.
Franseen, Elmer F.
Hayes, Donald R.
Hopkins, Frederick S.
Hoyt, W. Fenn
Lewis, James
Williams, David W.
Zacarian, Setrag A.

Stockbridge
Kimberly, Charles H.

Stoneham
Mueller, H. Peter

Sudbury
Johnson, F. George

Swampscott
Mayo, Frederick B.
Miller, Carroll C.

Truro
Heath, Clark W.

Vineyard Haven
Butler, Allan M.

Waban
Beuscher, Ruth B.
Olin, Harry S.

Wakefield
Fiascone, Arnold D.
Rosenthal, Murray K.

Waltham
Edelstein, Leon M.
Gallagher, Francis P.
Hardy, Irad B.
Holmes, Joseph A.
Lewis, Joseph L.
Shulman, Leonard B.
Simmel, Marianne L.

Wareham
Lincoln, James R.

Watertown
Empson, Dora A.
Spillane, John B.
Waverley
Cohen, M. Michael
Denton, Jane E.
Winer, Richard A.
Wellesley
Flanagan, Norris B.
O'Sullivan, Renée B.
Wellesley Hills
Bell, George O.
Bragg, Robert L.
Brenner, Joseph H.
Fromer, John L.
Gill, Peter Lawrence
Gray, Basil C.
Parker, Jack S.
Pfeffer, William, Jr.
Pippitt, Richard B.
Reidy, John A.
Wenham
Rogers, Daniel M.
West Concord
First, Robert A.
West Falmouth
Faxon, Nathaniel W.
West Harwich
Carney, Henry J.
West Newton
Berezin, Martin A.
Weston
Choras, Peter T.
Duffy, Frank H.
Endee, Charles H.
Moreton, John R.
Rogers, William P., Jr.
Swan, Channing S.
Van Nuys, Fresenius
West Roxbury
Littmann, David
McGovern, Joseph J., Jr.
Sasahara, Arthur A.
Stetson, Richard P.
Westwood
Curwen, William L.
Taylor, John B.
Winter, William D., Jr.
Williamstown
Reynolds, George S.
Winchester
Annino, Donald J.
Clark, Richard J.
Kaufmann, Gustav G.
Kermond, William L.
Marks, George A.
McLean, John D.
Rendall, Edward S.
Woburn
McKenzie, Wilfred L.
Worcester
Burrow, Jarrel G.
Carmody, John T. B.
Cooperman, Sheldon
Damiani, Clito R.
Duggan, John A.
Harper, Robert S.
Howard, Philip J., Jr.
James, Lewis P., Jr.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Pittman, Joseph G.
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

MICHIGAN
Ann Arbor
Bishop, J. Michael
Bishop, Ronald C.
Chamberlin, Robert W., Jr.
Harrison, Timothy S.
Krickstein, Herbert I.
Smillie, John W.
Sweet, Robert B.
Waldron, Alexander M.
Birmingham
Esslinger, John O.
Leach, Charles A., Jr.
Detroit
Arnstein, A. Robert
Blodgett, William H.
Comly, Hunter H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphone M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.
Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo
Grosse Ile
Russell, Henry N., Jr.
Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.
Jackson
Munro, Nathan D.
Saranac
Faust, Lawrence W.
Trenton
Fuson, W. Arthur

MINNESOTA
Minneapolis
Croll, Diane
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
Maruyama, Yosh
McKhann, Charles F.
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang
Williams, Ralph C., Jr.
Rochester
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.
St. Paul
Larkin, John E., Jr.
Schwyzer, Marguerite
Worthington
Amick, Arthur F.

MISSISSIPPI
Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI
Glendale
Shuter, Eli R.
Kansas City
Dann, David S.
Dennie, Charles C.
Lilly, Terry E., Jr.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.
St. Joseph
McDaniel, John R.
Riddell, Richard V.
St. Louis
Baddock, Sheldon S.
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Funsch, Robert E.
Gaston, Lamont W.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Jamison, Rex L.
Lehman, Ralph A. W.
Lytton, William B.
Majerus, Philip W.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Prensky, Arthur L.
Robins, Eli
Stephens, William A.
Strauss, Arthur E.
Waltman, Stephen R.
Waxman, Herbert S.

NEBRASKA
Omaha
Bisgard, James D.
Luikart, Ralph H.
Owen, Pere A.

NEVADA
Reno
Cantlon, Edwin L.
Cantlon, J. Vernon

NEW HAMPSHIRE
Concord
Mintz, E. Ross
Dover
Wilson, Robert F.
Dublin
Meath, James A.
Exeter
Curtin, Richard R.
Heyl, James T.
Greenville
Hitchcock, James
Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Staples, Oscar S., Jr.
Sycamore, Leslie K.
Jaffrey Center
Millard, D. Glyn
Keene
Gregory, Harold E.
Laconia
Baker, William J.
Manchester
Bienvenu, Lester J.

Colokathis, Paul
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.

Newbury
Fish, James E.

New London
Beaman, George B.

Orford
Hall, Marshall G.

Portsmouth
Piper, Edmund L.

NEW JERSEY

Berkeley Heights
Chalfin, Robert M.

Boonton
Ward, Albert J.

Cliffside Park
Waldron, Robert L., III

Elizabeth
Gorman, Rosemary V.

Englewood Cliffs
Roberts, Charles D.

Glen Ridge
D'Alessandro, Genesio L.

Haddonfield
Johnson, Dale G.

Hightown
Munro, Jeannette

Madison
Diehl, Sylvia Davies

Montclair
Greene, Robert G.

Newark
Schaaf, Royal S.

New Brunswick
Kuhn, William G., Jr.

Orange
Stearns, Thornton

Paterson
Sporer, Edita Sternova
Van Eerde, Albert

Princeton
Dalrymple, Willard
Rothberg, Harvey D., Jr.

Short Hills
Willetts, Arthur T.

Shrewsbury
Judd, Alvan B.

Springfield
Wosnitzer, Morey

Trenton
Karchmer, Adolf W.
Rosenthal, Albert L.

Washington
Horwitz, William H.

NEW MEXICO

Albuquerque
Adler, Scott
Mora, Federico
Parnall, Edward

Clovis City
Bonomo, Gregory R.

Los Alamos
Grier, Robert S.
Shipman, Thomas L.

Santa Fe
Lunt, Lawrence K.

NEW YORK

Albany
Holt, William L., Jr.
Thomas, Wilbur A.
Traver, Clarence A.

Bath
Traver, Ralph F.

Bronx
Abramowicz, Mark
Barondes, Samuel H.
Foldes, Francis F.
Frederick, Elizabeth W.
Greenhill, Maurice H.
Rosenbaum, Milton
Ulick, Stanley C.
Wohl, Herbert

Brooklyn
Anderson, H. Clarke
Cohen, Irvin J.
Friedman, Clarence F.

Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie C. B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Osgood, Howard
Winter, Peter M.

Cleverdale
Tefft, Richard C., Jr.

Cooperstown
McIver, Monroe A.
Sahler, Otto DeP.

Delmar
Berg, Howard W.

Fayetteville
Neptune, Edgar McC.

Glen Oaks
Kantor, Martin J.

Glens Falls
Batt, Richard C.

Hamilton
Guller, Erastus I.
Kenmore
Schenk, Worthington G., Jr.
Kingston
Gorman, Mary L. Gannon
Larchmont
Haralambie, James Q.
Littleneck, Long Island
Wenig, Martin
Manhasset, Long Island
Ayers, William B.
Nicosia, Arnold P.
Margaretville
Mackie, Robert W.
Mechanicville
Ryan, James P.
Mount Morris
Judd, James M.
New Hartford
Millet, J. Bradford
New Rochelle
Lees, Robert S.
New York City
Alper, Joseph M.
Ault, Lynn L.
Baker, William G., Jr.
Binder, Sheldon C.
Boger, William P.
Bowden, Lemuel
Brewster, William R., Jr
Carroll, Robert E.
Chamberlain, J. Maxwell
Christenson, William N.
Coffey, Edward L., Jr.
Cohn, Zanvil A.
David, John R.
Dickson, Carol C.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Ellenberg, Jack
Finkenstaedt, John T.
Goldblatt, Myron E.
Gomatos, Peter J.
Grant, Lester H.
Hajek, Joseph V.
Heffron, Roderick
Henley, Thomas F.
Hiebert, John M.
Hirschman, Shalom Z.
Hobson, Lawrence B.
Hofer, Myron A., II
Katz, Arnold M.
Kaufman, M. Ralph
Kiely, Brian
Lake, Michael
Lambert, John T.
Langer, Glenn A.
Locke, Edwin A.
Loeb, John N.
Loeb, Robert F.
Los, Edward
Luck, David J. L.
Mach, Bernard F.
Maier, John
Malcolm, John A.
Metcalf, Kenneth M.
Moore, Burness E.
Mote, John R.
Packert, Richard C.
Patterson, Robert L., Jr.
Patterson, Russell H.
Peterson, Hart de C.
Quan, Stuart H. Q.
Rappleye, Willard C.
Schwartz, Gabriel H.
Squire, Lucy F.
Surls, Joseph K.
Tenney, Vivian A.
Thompson, Walter A.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Emmett, Jr.
Wilson, Philip D.
Wilson, Philip D., Jr.
Wolff, Carl T.
Yanagisawa, Kazuo
Youmans, John B.

APO New York
Cohen, John M.
Dunbar, Ronald W.
Johnson, Louis F.
Marcy S. Michael
Martin, Albert R.
Urbaniak, Henry S., Jr.
Walker, Michael J.
Pelham
McHugh, Paul R.
Plattsburg
Barton, Lyman G., Jr.
Poughkeepsie
Bedell, Wallace C.
Keeley, James K.
Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Boller, Charles
Crawford, Henry B.
Defalco, Alfred J.
Egel, Norman

Friedman, Stanford B.
Gillies, Alastair J.
Griner, Paul F.
Jones, Robert H.
Morgan, William L., Jr.
Morton, John J.
Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.

Scarsdale
Hammond, William
Lipman, Marvin M.
Seed, John C.

Schenectady
Rogers, William

Staten Island
Holmes, Lewis B.
Rovit, Richard L.

Syracuse
Dunn, Edward
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Silverman, A. Clement

Troy
Talin, John J.

Upton, Long Island
Cotzias, George C.
Dahl, Louis K.

Utica
Case, Clarke T.
Knapp, Robert G., Jr.

Watertown
George, H. Louis, Jr.

White Plains
Newman, Herbert A.

Woodbury
Charash, Leon I.

NORTH CAROLINA

Asheville
Morrison, Roger W.
Neville, Charles W., Jr.

Camp Lejeune
Rosenberg, Bruce M.

Chapel Hill
Barnett, Thomas B.
Burnett, Charles H.
Chamberlin, Harrie R.
Craige, Ernest
Gottschalk, Carl W.
Lansing, Cornelius
Lassiter, William E.
Madden, John W.
McClellan, Walter S.
Miller, Milton L.
Monroe, John T., Jr.
Parker, John C.
Rolett, Ellis L.
Taylor, Isaac M.

Charlotte
Brenizer, Addison G., Jr.
Elliott, Joseph A., Jr.

Concord
Collins, David L., Jr.

Durham
Pearse, Richard L.
Peete, William P. J.
Persons, Elbert L.
Reeves, Robert J.
Rygorsky, Jerome E.

Fayetteville
Haskins, Bruce J.
Henry, William B.

Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.

Morganton
Vernon, James T.

Raleigh
Manly, Isaac V.
Rhodes, John S.
Wooten, E. Jane Herring
Worth, Thomas C.
Young, David A.

Southern Pines
McMillan, Robert M.

Tryon
Placak, Joseph C., Jr.

Wilmington
Graham, Charles P.

Winston-Salem
Bostic, William C., III
Cole, Monroe
Conrad, Elizabeth

NORTH DAKOTA

Sioux Falls
Barlow, John F.

OHIO

Akron
Kramer, James G.
Voke, Edward L.

Canton
Scott, Murray W., Jr.

Cincinnati
Acheson, George H.
Block, Gordon L.
Freiberg, Joseph A.
Gall, Edward A.
Jordan, Earl F.

Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin

Cleveland
Badal, Daniel W.
Banker, Betty Q.
Bloomfield, Daniel K.
Evans, Richard R.
Ford, Amasa B.
Glover, Donald M.
Groves, Laurence K.
Hopkins, Robert W.
Jefferies, William McK.
Kendrick, James I.
Kennedy, John H.
Miller, James G.
Morgan, Winfield S.
Pearson, Olaf H.
Rhinelander, Frederic W.
Rutman, Joel
Ryan, Kenneth J.
Shannon, Edward W.
Simeone, Fiorindo A.
Stenger, Richard J.
Weir, David R.

Cleveland Heights
Baumgartner, Donavin A., Jr.

Columbus
Dawson, Clyde W.
Ellis, Effie O.
George, Jack M.
Harper, David T., Jr.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.

Dayton
Flook, Samuel E.
Hochwalt, W. Richard
Kornfield, Michael A.

North Canton
Shipley, Margaret S.

Oberlin
Warner, John H., Jr.

Youngstown
Coombs, Frederick S.

Wooster
Jackson, Lee

OKLAHOMA

Altus
Hiett, Joan Kazanjian

Ardmore
Schuler, James D.

Lawton
Loescher, Richard A.

Muskogee
Fite, E. Halsell

Oklahoma City
Bell, James P.
Carey, John M.
Carter, George B.
Carter, George H.
Eliel, Leonard P.
Halverstadt, Donald B.
McClellan, Betty J.
Stout, Hugh A.

Tulsa
Steele, Byron W., Jr.

OREGON

Arch Cape
Rockey, Eugene W.

Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas

Portland
Baker, Russel L.
Boyden, Allen M.
Burns, E. Murray
Carter, Richard R.
Crary, Lyall S., Jr.
Ditmore, Harry B., Jr.
Hall, Robert G.
Novy, Miles J.
Ray, Leon F.
Saslow, George
Sutherland, Donald W.
Thatcher, Blair van H.
Whittemore, James P.

PENNSYLVANIA

Ardmore
Sampson, D. Allen

Bangor
Cascario, Nicholas, Jr.

Bethlehem
Leister, Claude M.

Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G.

Drexel Hill
Bora, F. William, Jr.

Erie
Monahan, John J.

Glenside
Michie, Catherine R.

Harrisburg
Berkheimer, George A.

Hookstown
Bauer, Frank L.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion Station
Murphy, Grace L.
Philadelphia
Bailey, David W.
Baue, Arthur E.
Bornstein, Donald L.
Brent, Robert L.
Dohan, F. Curtis
Field, Richard A.
Fisher, Mary S.
Gabuzda, Thomas G.
Heath, Robert D.
Hirschhorn, Richard C.
Ludwig, George D.
Mancall, Elliott L.
Mendelsohn, Mortimer L.
Michie, Alexander J.
Montgomery, Hugh
Nicholson, Jesse T.
Noone, P. Francis
Normann, Nils
Peltz, William L.
Perrin, George M.
Rasmussen, Howard
Rasmussen, Jane S.
Roth, James L. d'A.
Ryan, Kevin G.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Sloane, Robert B.
Starr, Isaac
Stokes, Joseph, Jr.
Stunkard, Albert J.
Vaughan, Victor C., III
Wood, Howard P.
Wyngaarden, James B,
Zacks, Sumner I.
Zervas, Nicholas T., Jr.
Pittsburgh
Dwyer, John H.
Fennell, Robert H., Jr.
Ferguson, Albert B., Jr.
Field, James B.
Leighton, Joseph
McLaughlin, William B.
Price, Stuart E., Jr.
Sell, Stewart
Tyson, Robert G.
Urquhart, John, III
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Wynnewood
Appel, Stanley H.
Wyomissing
Leinbach, Thomas C.
Morrissey, E. James
Morrissey, Eugene J.
York
Farkas, Robert W.

RHODE ISLAND
East Greenwich
Madden, Edwin J.
Pawtucket
Hogan, John F.
Providence
Cotter, Walter C.
Cutts, Frank B.
Hamlin, Hannibal
Liffmann, Kenneth E.
Pitts, John D.
Sargent, Francis B.
Sawyer, Carl S.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Warwick
Aaronson, Leroy D.

SOUTH CAROLINA
Beaufort
Larson, Ronald R.
Charleston
Baker, Charles R. F., Jr.
Boone, John A.
Summerall, Charles P., III
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Cardenal, Fernano A.

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FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ... ($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of ..... and shall be known as the ..... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

DALTON SCHOLARSHIPS

Scholarships will be awarded to the candidates recommended by the General Executive Committee of the Massachusetts General Hospital and confirmed by the Trustees.

The holders of these Scholarships are required to do original work in subjects to be designated.

For particulars apply to the General Director.

MASSACHUSETTS GENERAL HOSPITAL
Fruit Street, Boston

See also page 149 of this Report

WARREN TRIENNIAL PRIZE

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation, considered worthy of a premium, in some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

See also page 150 of this Report

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